01/29/2010 17:36

Image# 10930255348

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Americas Health Insurance Plans PAC (AHIP PAC) 601 Pennsylvania Avenue NW ADDRESS (number and street) Suite 500 South Building Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00106740 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Χ Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2009 12 3 1 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Robert Borchardt Type or Print Name of Treasurer Mr. Robert Borchardt Electronically Filed by 0 1 29 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

A. Form/Schedule: F3XN

Transaction ID:

Please note that the PAC is aware that it may disclose payroll receipts by disclosing a single total for the reporting period along with the amount deducted per pay period for each contributor. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately, pursuant to 11 CFR 104.8(b), more accurately discloses how the receipts are collected.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

3 / 211

Write or Type Committee Name Americas Health Insurance Plans PAC (AHIP PAC)

FEC Form 3X (Rev. 02/2003)

D D " D 07 0 1 2009 12 31 2009 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 82935.42 January 1 (b) Cash on Hand at 85811.54 Begining of Reporting Period 94532.62 290177.75 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 180344.16 373113.17 6(a) and 6(c) for Column B) 54948.28 247717.29 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 125395.88 125395.88 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 4 / 211

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period:

From: 0.7

D D 0 1

^Y 2009

To:

м м 1 2 D D 31

^Y 2009

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	71893.50	178041.46
	(ii) Unitemized	1931.50	10908.17
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	73825.00	188949.63
(i	b) Political Party Committees	0.00	0.00
,	c) Other Political Committees (such as PACs)	20000.00	98500.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	93825.00	287449.63
	Fransfers From Affiliated/Other	0.00	0.00
3. A	All Loans Received	0.00	0.00
	oan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(0	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	707.62	1728.12
to	o Federal candidates and Other Political Committees	0.00	1000.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	Fransfers from Non-Federal and Levin Funds		
(8	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(l	b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	94532.62	290177.75
	otal Federal Receipts subtract Line 18(c) from Line 19)	94532.62	290177.75

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

5 / 211

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share		0.00
(ii) Non-Federal Share		0.00
(b) Other Federal Operating	0.40.00	0047.00
Expenditures	948.28	2217.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	948.28	2217.29
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
 Contributions to Federal Candidates/Committees and Other Political Committees 	54000.00	243000.00
and Other Political Committees 1. Independent Expenditure		243000.00
(use Schedule E)		0.00
 Coordinated Expenditures Made by Committees (2 U.S.C. 441a(d)) (use Schedule F) 	Party 0.00	0.00
(use Schedule F)		
6. Loan Repayments Made		0.00
7. Loans Made		0.00
B. Refunds of Contributions To:(a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	2500.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .	0.00	2500.00
(add Lines 20(a), (b), and (c)).		
Other Disbursements	0.00	0.00
). Federal Election Activity (2 U.S.C 4	31(20))	
(a) Shared Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share		0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid E	0.00	0.00
With Federal Funds		0.00
(c) Total Federal Election Activity (Lines 30(a)(i), 30(a)(ii) and 30	0.00	0.00
Total Disbursements (add Lines 21)	(c), 22,	
23, 24, 25, 26, 27, 28(d), 29 and 30	F 40 40 00	247717.29
2. Total Federal Disbursements	() (!)	
(subtract Line 21(a)(ii) and Line 30	(a)(ii) 54948.28	247717.29
from Line 31)	J4940.∠o	247717.29

DETAILED SUMMARY PAGE

of Disbursements

6 / 211

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	93825.00	287449.63
34.	Total Contribution Refunds (from Line 28(d))	0.00	2500.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	93825.00	284949.63
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	948.28	2217.29
37.	Offsets to Operating Expenditures (from Line 15, page 3)	707.62	1728.12
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	240.66	489.17

FE6AN026

SCHEDUL	E A (FEC Form 3X RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER (check only one) X 11a 11b 11	PAGE 7/211 11c 12 15 16 17
or for commercia	copied from such Reports an al purposes, other than using DMMITTEE (In Full)	d Statements may the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soli	citing contributions
Americas F	lealth Insurance Plans P	PAC (AHIP PAC	()		
Full Name (La Linda Alford	ast, First, Middle Initial)			Date of Receipt	
Mailing Addre	ess 4804 Bridlewood Ci	12	4 2009		
City		State	Zip Code		2FECD42D0529896C3
<u>Canton</u>		OH	44714	Amount of Each F	Receipt this Period
FEC ID numb federal politic	per of contributing al committee.	C			275.00
Name of Employed	oloyer d	Occupatio Not Emp			
Receipt For: Primary Other (s	General	Aggregate	Year-to-Date ▼ 275.00		
William Alvin	ast, First, Middle Initial)	.		Date of Receipt	
Mailing Addre	ess 2850 W Grand Boul	10 2			
City		State	Zip Code	Transaction ID: 6	6A6D83943973E9B7A
<u>Detroit</u>		MI	48202-2643	Amount of Each F	Receipt this Period
FEC ID numb federal politic	per of contributing al committee.	C			2000.00
Name of Emp Health Alliand	oloyer ce Plan	Occupatio Presiden	n t and CEO		
Receipt For:		1	e Year-to-Date ▼		
Primary Other (s	y General specify) ▼		2000.00		
Full Name (La Gary Bacher	ast, First, Middle Initial)			Date of Receipt	
Mailing Addre	ess 601 Pennsylvania A Suite 500, South Bu	ilding		0 7	2009
City	_	State	Zip Code		2009071018017-1
Washington		DC	20004	Amount of Each F	
federal politic		C			125.00
	oloyer ealth Insurance	Occupatio Senior V	n ice President		
<u>Plans</u> Receipt For:			e Year-to-Date ▼	\dashv	
Primary	General General ▼	33.03	3000.00		
SUBTOTAL of	Receipts This Page (optional	<u> </u>			2400.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAGE	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gary Bacher Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee.		Zip Code 20004	Date of Receipt M M
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	1	n ice President e Year-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Initial) Gary Bacher Mailing Address 601 Pennsylvania Ave Suite 500, South Build City	ding State	Zip Code	Date of Receipt M M
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 125.00
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		n ice President e Year-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Initial) Gary Bacher			Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build City		Zip Code	0 8 3 1 2 0 0 9 Transaction ID: 200909039164-1
Washington FEC ID number of contributing	DC	20004	Amount of Each Receipt this Period
federal political committee. Name of Employer America's Health Insurance Plans	Occupation	n ice President	123.00
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 3000.00	
SUBTOTAL of Receipts This Page (optional) .			375.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 16
Ar	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions
	Americas Health Insurance Plans PA	C (AHIP PAC)	
_	Full Name (Last, First, Middle Initial) Gary Bacher		Date of Receipt
	Mailing Address 601 Pennsylvania Av Suite 500, South Buil	09 15 2009	
	City	State Zip Code	Transaction ID: 20090911173131-1
	Washington	DC 20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer America's Health Insurance Plans	Occupation Senior Vice President	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	3000.00	
_	Full Name (Last, First, Middle Initial) Gary Bacher		Date of Receipt
	Mailing Address 601 Pennsylvania Av Suite 500, South Buil	09 / 009 / 2009	
	City	State Zip Code	Transaction ID: 2009092994629-1
	Washington	DC 20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer America's Health Insurance	Occupation Senior Vice President	
	Plans Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	3000.00	
	Full Name (Last, First, Middle Initial) Gary Bacher	_L	Date of Receipt
	Mailing Address 601 Pennsylvania Av Suite 500, South Buil	ding	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 2009101210142-1
	Washington	DC 20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	125.00
	Name of Employer America's Health Insurance	Occupation Senior Vice President	
	Plans Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General		¬ [
	Other (specify)	3000.00	_
Г			375.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Reports ar	nd Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any persi	FOR LINE NUMBER: PAGE 10 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 11 on for the purpose of soliciting contributions		
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and add	dress of any political committee to	o solicit contributions from such committee.		
Americas Health Insurance Plans F	PAC (AHIP PAC	;)			
Full Name (Last, First, Middle Initial) Gary Bacher			Date of Receipt		
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building				
City	State	Zip Code	Transaction ID: 20091026173011-1		
Washington	DC	20004	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		125.00		
Name of Employer America's Health Insurance Plans	Occupatio Senior V	n ice President			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00			
Full Name (Last, First, Middle Initial) Gary Bacher	Date of Receipt				
Mailing Address 601 Pennsylvania A Suite 500, South Bu	·				
City	State	Zip Code	Transaction ID: 20091110151710-1		
Washington	DC	20004	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		125.00		
Name of Employer America's Health Insurance Plans	Occupatio Senior V	n ice President			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3000.00			
Full Name (Last, First, Middle Initial) Gary Bacher	<u> </u>		Date of Receipt		
Mailing Address 601 Pennsylvania A Suite 500, South Bu			11 30 2009		
City <u>Washington</u>	State DC	Zip Code 20004	Transaction ID: 20091130125456-1 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		125.00		
Name of Employer America's Health Insurance Plans	Occupatio Senior V	n ice President			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3000.00			
SUBTOTAL of Receipts This Page (optional	al)(li		375.00		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P	d Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gary Bacher		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu	ilding	12 15 2009
City Washington	State Zip Code DC 20004	Transaction ID: 20091210114025-1 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Senior Vice President Aggregate Year-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Initial) Gary Bacher Mailing Address 601 Pennsylvania A	Venue N W	Date of Receipt
Suite 500, South Bu	12 31 2009	
City Washington	State Zip Code DC 20004	Transaction ID: 20100104152628-1 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Initial) Carmella Bocchino		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu		07 15 7 2009
City Washington	State Zip Code DC 20004	Transaction ID: 2009071018017-2 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer America's Health Insurance Plans	Occupation Executive Vice President, Clinical A	Aff
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.92	
CURTOTAL of Descripts This Descripts of)	458.33

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any phe name and address of any political committed	person for the purpose of soliciting contributions see to solicit contributions from such committee.
Americas Health Insurance Plans PA	AC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Carmella Bocchino		Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Bui	07 31 2009	
City	State Zip Code	Transaction ID: 2009072717019-2
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer America's Health Insurance Plans	Occupation Executive Vice President, Clinical	Aff
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.92	
Full Name (Last, First, Middle Initial) Carmella Bocchino		Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Bui		0 8 1 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 2009081114326-2
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer America's Health Insurance Plans	Occupation Executive Vice President, Clinical	Aff
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 4999.92	
Full Name (Last, First, Middle Initial) Carmella Bocchino		Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Bui	lding	08 31 2009
City	State Zip Code DC 20004	Transaction ID: 200909039164-2
Washington FFG ID number of contribution		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer America's Health Insurance Plans	Occupation Executive Vice President, Clinical	Aff
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	4999.92	
CURTOTAL of Descripts This Dags (actions)		624.99

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 17
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Americas Health Insurance Plans PAC	(AHIP PAC	0)	
۸.	Full Name (Last, First, Middle Initial) Carmella Bocchino			Date of Receipt
	Mailing Address 601 Pennsylvania Avel Suite 500, South Build			09 / 15 / Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20004	Transaction ID: 20090911173131-2 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		208.33
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		e Vice President, Clinical Aff e Year-to-Date ▼ 4999.92	
3.	Full Name (Last, First, Middle Initial) Carmella Bocchino Mailing Address 601 Pennsylvania Avel	aug N W		Date of Receipt
	Suite 500, South Build	09 30 2009		
	City State Zip Code Washington DC 20004			Transaction ID: 2009092994629-2 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20007	208.33
	Name of Employer America's Health Insurance Plans	Occupation Executiv	n e Vice President, Clinical Aff	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 4999.92	
. —	Full Name (Last, First, Middle Initial) Carmella Bocchino			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State DC	Zip Code	Transaction ID: 2009101210142-2
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 208.33
	Name of Employer America's Health Insurance Plans	Occupation Executiv	n e Vice President, Clinical Aff	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 4999.92	
	SUBTOTAL of Receipts This Page (optional)			624.99
Γ.	TOTAL This Period (last page this line number	only)	•	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS Any information copied from such Reports and	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 211 (check only one) X
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P.	the name and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Carmella Bocchino		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu		10 30 2009
City	State Zip Code	Transaction ID: 20091026173011-2
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer America's Health Insurance Plans	Occupation Executive Vice President, Clinical Aff	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	4999.92	
Full Name (Last, First, Middle Initial) Carmella Bocchino		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu		11 13 / 2009
City	State Zip Code	Transaction ID: 20091110151710-2
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer America's Health Insurance Plans	Occupation Executive Vice President, Clinical Aff	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.92	
Full Name (Last, First, Middle Initial) Carmella Bocchino		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu		11
City	State Zip Code	Transaction ID: 20091130125456-2
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer America's Health Insurance Plans	Occupation Executive Vice President, Clinical Aff	1
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	4999.92	
CURTOTAL of Descints This Dame (as the call)		624.99
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	

	LE A (FEC Form 3) O RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 11a 13	
or for commerc	on copied from such Reports and cial purposes, other than using COMMITTEE (In Full) is Health Insurance Plans I	the name and ad	y not be sold or used by any pers dress of any political committee to	on for the purp	ose of soliciting contributions
	(Last, First, Middle Initial)	, 		Date of	·
City	Suite 500, South B	uilding State	Zip Code		15 2009 tion ID: 20091210114025-2
	ton mber of contributing tical committee.	C	20004	Amount	of Each Receipt this Period 208.33
Plans Receipt Fo Prima			on e Vice President, Clinical Afr e Year-to-Date ▼ 4999.92	f]	
Carmella Bo	ull Name (Last, First, Middle Initial) armella Bocchino ailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building				Receipt
City	Gaile 500, Coalii B	Zip Code	Transac	tion ID: 20100104152628-2	
Washing	ton	DC	20004	Amount	of Each Receipt this Period
	mber of contributing tical committee.	C			208.33
Name of Endors America's Plans	mployer Health Insurance	Occupation Executiv	on e Vice President, Clinical Afi	f	
Receipt Fo		Aggregate	e Year-to-Date ▼ 4999.92		
Full Name Christopher	(Last, First, Middle Initial) Booth			Date of	Receipt
Mailing Add	dress 165 Court Street			1 1	17 2009
City		State	Zip Code		tion ID: DA73DA9F71AAEAB2
	mber of contributing tical committee.	C	14647-0001	Amount	of Each Receipt this Period
<u>Companies</u>			rporate General Counsel		
Receipt Fo Prima Othe		Aggregate	e Year-to-Date ▼ 1667.00		
SUBTOTAL	of Receipts This Page (optiona	al)			2083.66

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P.	AC (AHIP PAC	;)	
Full Name (Last, First, Middle Initial) Robert Borchardt			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			07 15 2009
City	State	Zip Code	Transaction ID: 2009071018017-3
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance	Occupation	1	7
America's Health Insurance Plans	Senior Vi	ce President Finance & Ope	rat
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.08	
Full Name (Last, First, Middle Initial) Robert Borchardt			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 2009072717019-3
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Vi	n ce President Finance & Ope	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.08	
Full Name (Last, First, Middle Initial) Robert Borchardt			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 2009081114326-3
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Vi	n ce President Finance & Ope	rat
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.08	
SUBTOTAL of Receipts This Page (optional)	_	125.01

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	C (AHIP PAC	C)	
Full Name (Last, First, Middle Initial) Robert Borchardt			Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 200909039164-3
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance	Occupatio		-dt
Plans Receipt For:		ice President Finance & Ope	
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.08	
Full Name (Last, First, Middle Initial) Robert Borchardt	1		Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build			M M / D D / Y Y Y Y O O O O
City	State	Zip Code	Transaction ID: 20090911173131-3
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupatio Senior V	n ice President Finance & Ope	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.08	
Full Name (Last, First, Middle Initial) Robert Borchardt			Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build			09 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 2009092994629-3
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupatio Senior V	n ice President Finance & Ope	rat
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.08	
SUBTOTAL of Receipts This Page (optional)			125.01

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 211 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	v not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P.	AC (AHIP PAC	()	
Full Name (Last, First, Middle Initial) Robert Borchardt			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			10 15 / 2009
City	State	Zip Code	Transaction ID: 2009101210142-3
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer	Occupation	n	
America's Health Insurance Plans	Senior V	ice President Finance & Ope	erat
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1000.08	
Full Name (Last, First, Middle Initial) Robert Borchardt	'		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			10 30 7 9 9
City	State	Zip Code	Transaction ID: 20091026173011-3
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Vi	n ice President Finance & Ope	rat
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.08	
Full Name (Last, First, Middle Initial) Robert Borchardt			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			11 1 3 7 9 9
City	State	Zip Code	Transaction ID: 20091110151710-3
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Vi	n ice President Finance & Ope	erat
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1000.08	
SUBTOTAL of Receipts This Page (optional)		125.01

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any perso dress of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	C (AHIP PAC	;)	
Full Name (Last, First, Middle Initial) Robert Borchardt			Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20091130125456-3
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance	Occupatio		
Plans Receipt For:	, '	ice President Finance & Ope	rai
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.08	
Full Name (Last, First, Middle Initial) Robert Borchardt	1		Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build			M M / D D / Y Y Y Y Y 1 1 2 1 5 2 0 0 9
City	State	Zip Code	Transaction ID: 20091210114025-3
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupatio Senior V	n ice President Finance & Ope	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.08	
Full Name (Last, First, Middle Initial) Robert Borchardt			Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build			12 31 2009
City	State	Zip Code	Transaction ID: 20100104152628-3
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupatio Senior V	n ice President Finance & Ope	rat
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1000.08	
SUBTOTAL of Receipts This Page (optional)			125.01

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 211 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	and Statements may not be sold or used by any pers g the name and address of any political committee to PAC (AHIP PAC)	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Angela Braly		Date of Receipt
Mailing Address 120 Monument Ci		12 15 2009
City	State Zip Code	Transaction ID: 508C2DD06DB238200
Indianapolis FEC ID number of contributing federal political committee.	IN 46204-4906	Amount of Each Receipt this Period 2000.00
Name of Employer WellPoint, Inc.	Occupation President and CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dianne Bricker		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South E	Building	07 15 20007101017 1
City Washington	State Zip Code DC 20004	Transaction ID: 2009071018017-4
FEC ID number of contributing federal political committee.	C 20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Regional Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	
Full Name (Last, First, Middle Initial) Dianne Bricker		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South E	Building	07 31 7 2009
City Washington	State Zip Code DC 20004	Transaction ID: 2009072717019-4
FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Regional Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	
SUBTOTAL of Receipts This Page (option	nal)	2083.34

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 211 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	and Statements may not be sold or used by any peg the name and address of any political committee PAC (AHIP PAC)	rson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dianne Bricker		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B	Building	08 / 14 / 2009
City Washington	State Zip Code DC 20004	Transaction ID: 2009081114326-4 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation Regional Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	
Full Name (Last, First, Middle Initial) Dianne Bricker		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B	Building	08 31 4 2009
City	State Zip Code	Transaction ID: 200909039164-4
Washington FEC ID number of contributing	DC 20004	Amount of Each Receipt this Period 41.67
federal political committee.	C	41.07
Name of Employer America's Health Insurance	Occupation Regional Director	
<u>Plans</u> Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.08	
Full Name (Last, First, Middle Initial) Dianne Bricker		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B		09 15 YYYYY 2009
City	State Zip Code	Transaction ID: 20090911173131-4
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Regional Director	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.08	
	0 0 0 0 0 0 0 0 0	
i e	al)	125.01

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	fo	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 22 / 211 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	ne name and address	be sold or used by any pers of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dianne Bricker Mailing Address 601 Pennsylvania Av Suite 500, South Buil City	ding	Zip Code	Date of Receipt M
Washington FEC ID number of contributing federal political committee.	DC C	20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Regional Dire Aggregate Year		
Full Name (Last, First, Middle Initial) Dianne Bricker Mailing Address 601 Pennsylvania Av Suite 500, South Buil			Date of Receipt 1 0 1 5 2 0 0 9
City Washington	State	Zip Code 20004	Transaction ID: 2009101210142-4
FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Regional Dire Aggregate Year		
Full Name (Last, First, Middle Initial) Dianne Bricker			Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Buil	ding		10 30 7 2009
City <u>Washington</u>	State DC	Zip Code 20004	Transaction ID: 20091026173011-4 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Regional Dire Aggregate Year		
SUBTOTAL of Receipts This Page (optional)	1		125.01

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 211 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	g the name and addr	not be sold or used by any perso ess of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dianne Bricker			Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B	Building	7'. 0.4.	11 13 2009
City Washington	State DC	Zip Code 20004	Transaction ID: 20091110151710-4 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation Regional [Director	
Receipt For: Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 1000.08	
Full Name (Last, First, Middle Initial) Dianne Bricker	I		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B			11 30 4 2009
City	State	Zip Code	Transaction ID: 20091130125456-4
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance	Occupation Regional [Director	
<u>Plans</u> Receipt For:		/ear-to-Date ▼	
Primary General Other (specify) ▼	- Inggregate	1000.08	
Full Name (Last, First, Middle Initial) Dianne Bricker			Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B			12 15 2009
City	State DC	Zip Code	Transaction ID: 20091210114025-4
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Regional [
Receipt For: Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 1000.08	
SUBTOTAL of Receipts This Page (option	al)		125.01

Full Dian Mai City Wa FEC fede Rec	NE OF COMMITTEE (In Full) nericas Health Insurance Plans PAC Name (Last, First, Middle Initial) nne Bricker ling Address 601 Pennsylvania Avent Suite 500, South Buildin ashington C ID number of contributing eral political committee. ne of Employer erica's Health Insurance	ue N.W.	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Dian Mai City Wa FEC feder Am Plan Reco	Name (Last, First, Middle Initial) nne Bricker lling Address 601 Pennsylvania Avent Suite 500, South Buildin ashington C ID number of contributing eral political committee. ne of Employer erica's Health Insurance ns eipit For: Primary General	Jue N.W. g State Zip Code DC 20004 C Occupation Regional Director Aggregate Year-to-Date ▼	1 2 3 1 2 0 0 9 Transaction ID: 20100104152628-4 Amount of Each Receipt this Period
Dian Mai City Wa FEC fede Nam Plan Rec	ashington C ID number of contributing eral political committee. The of Employer erica's Health Insurance is eight For: Primary General G10 Pennsylvania Avenu Suite 500, South Building August 500, South Building For Suite 500, South Building	State Zip Code DC 20004 C Occupation Regional Director Aggregate Year-to-Date ▼	1 2 3 1 2 0 0 9 Transaction ID: 20100104152628-4 Amount of Each Receipt this Period
City Wa FEC fede Nam Am Pla Rec	Suite 500, South Building ashington C ID number of contributing eral political committee. The of Employer erica's Health Insurance insu	State Zip Code DC 20004 C Occupation Regional Director Aggregate Year-to-Date ▼	Transaction ID: 20100104152628-4 Amount of Each Receipt this Period
FEC fede Nar Am Pla Rec	ashington C ID number of contributing eral political committee. The of Employer erica's Health Insurance inside i	State Zip Code DC 20004 C Occupation Regional Director Aggregate Year-to-Date	Amount of Each Receipt this Period
Rec	C ID number of contributing eral political committee. ne of Employer erica's Health Insurance ns seipt For: Primary General	Occupation Regional Director Aggregate Year-to-Date ▼	
Nam Am Plan Rec	ne of Employer erica's Health Insurance ns eript For: Primary General	Occupation Regional Director Aggregate Year-to-Date ▼	41.67
Plai Rec	ns ceipt For: Primary General	Regional Director Aggregate Year-to-Date ▼	
Rec	ceipt For: Primary General	Aggregate Year-to-Date ▼	
	Primary General		
	Name (Last, First, Middle Initial) cey Carter		Date of Receipt
	ling Address 111 Robert Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	,	State Zip Code	Transaction ID: A19748F527912155
-	rlborough	MA 01752-6531	Amount of Each Receipt this Period
	CID number of contributing eral political committee.	C	250.00
Nar Tuf	ne of Employer ts Health Plan	Occupation VP Acturial Services, Pricing and Unde	
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	Name (Last, First, Middle Initial) http://documents.com/documents/strop.com/documents/		Date of Receipt
Mai	ling Address 601 Pennsylvania Aveni Suite 500, South Buildin		07 15 YYYY 2009
City		State Zip Code	Transaction ID: 2009071018017-7
<u>Wa</u>	ashington	DC 20004	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C	62.50
Nan Am Plai	ne of Employer erica's Health Insurance ns	Occupation Executive Director Product Policy	
	eeipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1500.00	

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 211 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	 y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	PAC (AHIP PAC	;)	
Full Name (Last, First, Middle Initial) Winthrop Cashdollar			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			07 31 7 2009
City	State	Zip Code	Transaction ID: 2009072717019-7
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer	Occupation	n	7
America's Health Insurance <u>Plans</u>	Executive	e Director Product Policy	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1500.00]
Full Name (Last, First, Middle Initial) Winthrop Cashdollar			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			08 14 2009
City	State	Zip Code	Transaction ID: 2009081114326-7
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director Product Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00]
Full Name (Last, First, Middle Initial) Winthrop Cashdollar			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			08 31 7 2009
City	State	Zip Code	Transaction ID: 200909039164-7
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director Product Policy	7
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1500.00	
SUBTOTAL of Receipts This Page (optional			187.50

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	(X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 211 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	ng the name and add	ress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Winthrop Cashdollar Mailing Address 601 Pennsylvania			Date of Receipt
Suite 500, South E City Washington FEC ID number of contributing	State DC	Zip Code 20004	0 9 1 5 2 0 0 9 Transaction ID: 20090911173131-7 Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify)	Occupation Executive	Director Product Policy Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Winthrop Cashdollar Mailing Address 601 Pennsylvania Suite 500, South E		Zip Code	Date of Receipt M M
Washington FEC ID number of contributing federal political committee.	DC C	20004	Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		Director Product Policy Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Winthrop Cashdollar Mailing Address 601 Pennsylvania			Date of Receipt
Suite 500, South E	Building State	Zip Code	1 0 1 5 2 0 0 9 Transaction ID: 2009101210142-7
Washington FEC ID number of contributing federal political committee.	DC C	20004	Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans Receipt For:	- ' '	Director Product Policy Year-to-Date ▼	
Primary General Other (specify) ▼	33 13 11	1500.00	
SUBTOTAL of Receipts This Page (option			187.50

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 211 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	g the name and add	ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Winthrop Cashdollar Mailing Address 601 Pennsylvania	Avenue N.W.		Date of Receipt
Suite 500, South E City Washington FEC ID number of contributing	State DC	Zip Code 20004	1 0 3 0 2 0 0 9 Transaction ID: 20091026173011-7 Amount of Each Receipt this Period
rederal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		Director Product Policy Year-to-Date ▼ 1500.00	62.50
Full Name (Last, First, Middle Initial) Winthrop Cashdollar Mailing Address 601 Pennsylvania Suite 500, South E City Washington FEC ID number of contributing	Building State DC	Zip Code 20004	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
federal political committee. Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Director Product Policy Year-to-Date ▼ 1500.00	62.50
Full Name (Last, First, Middle Initial) Winthrop Cashdollar Mailing Address 601 Pennsylvania Suite 500, South E			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington FEC ID number of contributing federal political committee.	State DC	Zip Code 20004	Transaction ID: 20091130125456-7 Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	<u> </u>	Director Product Policy Year-to-Date 1500.00	
SUBTOTAL of Receipts This Page (option	al)		187.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAG	C (AHIP PAC	:)	
Full Name (Last, First, Middle Initial) Winthrop Cashdollar			Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20091210114025-7
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer America's Health Insurance	Occupation	n	1
America's Health Insurance <u>Plans</u>	Executive	e Director Product Policy	
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify) ▼		1500.00	
Full Name (Last, First, Middle Initial) Winthrop Cashdollar			Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20100104152628-7
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director Product Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Yvonne Chanatry			Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build			07 15 2009
City	State	Zip Code	Transaction ID: 2009071018017-8
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident, Marketing and Graphi	C\$
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify) ▼		1999.92	
SUBTOTAL of Receipts This Page (optional)		······	208.33

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 211 (check only one) X
Any information copied from such Report or for commercial purposes, other than use NAME OF COMMITTEE (In Full)	ts and Statements may not be sold or used by any person sing the name and address of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plan	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Yvonne Chanatry		Date of Receipt
Mailing Address 601 Pennsylvan Suite 500, South		07 31 2009
City	State Zip Code	Transaction ID: 2009072717019-8
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance	Occupation Vice President, Marketing and Graphic	
<u>Plans</u> Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1999.92	
Full Name (Last, First, Middle Initial) Yvonne Chanatry		Date of Receipt
Mailing Address 601 Pennsylvan Suite 500, South		08 14 2009
City	State Zip Code	Transaction ID: 2009081114326-8
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President, Marketing and Graphic	- \$
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1999.92	
Full Name (Last, First, Middle Initial) Yvonne Chanatry		Date of Receipt
Mailing Address 601 Pennsylvan Suite 500, South		08 31 2009
City Washington	State Zip Code DC 20004	Transaction ID: 200909039164-8 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President, Marketing and Graphic	- -
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1999.92	
SUBTOTAL of Receipts This Page (opt	ional)	249.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAGE	C (AHIP PAC	C)	
Full Name (Last, First, Middle Initial) Yvonne Chanatry			Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build			09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20090911173131-8
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance	Occupatio	n sident, Marketing and Graphi	CS
<u>Plans</u> Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	7 igg ogaic	1999.92	
Full Name (Last, First, Middle Initial) Yvonne Chanatry			Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build			M M / D D / Y Y Y Y Y Y O O O
City	State	Zip Code	Transaction ID: 2009092994629-8
Washington	DC 20004		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance Plans	Occupatio Vice Pres	n sident, Marketing and Graphi	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1999.92	
Full Name (Last, First, Middle Initial) Yvonne Chanatry			Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build			10 15 2009
City	State	Zip Code	Transaction ID: 2009101210142-8
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance Plans	Occupatio Vice Pres	n sident, Marketing and Graphi	cs
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1999.92	
SUBTOTAL of Receipts This Page (optional) .	1		249.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	y not be sold or used by any perso dress of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	.C (AHIP PAC	C)	
Full Name (Last, First, Middle Initial) Yvonne Chanatry			Date of Receipt
Mailing Address 601 Pennsylvania Avo Suite 500, South Build			10 30 2009
City	State	Zip Code	Transaction ID: 20091026173011-8
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance	Occupatio Vice Pre	n sident, Marketing and Graphi	
<u>Plans</u> Receipt For:	_, -	e Year-to-Date ▼	
Primary General Other (specify) ▼	39, 59	1999.92	
Full Name (Last, First, Middle Initial) Yvonne Chanatry			Date of Receipt
Mailing Address 601 Pennsylvania Avo Suite 500, South Build			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20091110151710-8
Washington	DC 20004		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance Plans	Occupatio Vice Pre	n sident, Marketing and Graphi	ics
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1999.92	
Full Name (Last, First, Middle Initial) Yvonne Chanatry			Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Build			11 30 7 9 9
City	State	Zip Code	Transaction ID: 20091130125456-8
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance Plans	Occupatio Vice Pre	n sident, Marketing and Graphi	ics
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		1999.92	
SUBTOTAL of Receipts This Page (optional)	<u> </u>		249.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAG	Statements may not be sold or used by any persole name and address of any political committee to C (AHIP PAC)	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Yvonne Chanatry Mailing Address 601 Pennsylvania Ave Suite 500, South Build City		Date of Receipt 1 2 1 5 2 0 0 9 Transaction ID: 20091210114025-8
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Vice President, Marketing and Graphi Aggregate Year-to-Date 1999.92	cs
Full Name (Last, First, Middle Initial) Yvonne Chanatry Mailing Address 601 Pennsylvania Ave		Date of Receipt 1 2 3 1 2 0 0 9
Suite 500, South Build City Washington	State Zip Code DC 20004	Transaction ID: 20100104152628-8 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Vice President, Marketing and Graphi Aggregate Year-to-Date 1999.92	cs
Full Name (Last, First, Middle Initial) Teresa Chovan		Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build City	ling	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Washington	State Zip Code DC 20004	Transaction ID: 2009071018017-9 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	14.58
Name of Employer America's Health Insurance Plans	Occupation Executive Director, Policy Research	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 399.92	
SUBTOTAL of Receipts This Page (optional)	·····	181.24
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 211 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
Americas Health Insurance Plans F	PAC (AHIP PAC	;)	
Full Name (Last, First, Middle Initial) Teresa Chovan			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Br	Avenue N.W. uilding		07 31 7 2009
City	State	Zip Code	Transaction ID: 2009072717019-9
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		14.58
Name of Employer	Occupation	n	7
America's Health Insurance <u>Plans</u>	Executive	e Director, Policy Research	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	399.92	
Full Name (Last, First, Middle Initial) Teresa Chovan			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bo			08 / 14 / 2009
City	State	Zip Code	Transaction ID: 2009081114326-9
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		14.58
Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director, Policy Research	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 399.92]
Full Name (Last, First, Middle Initial) Teresa Chovan	I		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South B			08 31 7 2009
City	State	Zip Code	Transaction ID: 200909039164-9
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		14.58
Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director, Policy Research	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	399.92	
SUBTOTAL of Receipts This Page (optional	al)		43.74

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 211 (check only one) X 11a 11b 11c 12
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans	PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Teresa Chovan		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South	Building	09 / 15 / 2009
City Washington	State Zip Code DC 20004	Transaction ID: 20090911173131-9
FEC ID number of contributing federal political committee.	C 20004	Amount of Each Receipt this Period 14.58
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Executive Director, Policy Research Aggregate Year-to-Date ▼ 399.92	
Full Name (Last, First, Middle Initial) Teresa Chovan Mailing Address 601 Pennsylvania		Date of Receipt
Suite 500, South	Building State Zip Code	0 9 3 0 2 0 0 9 Transaction ID: 2009092994629-9
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	14.58
Name of Employer America's Health Insurance	Occupation Executive Director, Policy Research	
<u>Plans</u> Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	399.92	
Full Name (Last, First, Middle Initial) Teresa Chovan		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South		10 15 2009
City	State Zip Code	Transaction ID: 2009101210142-9
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 14.58
Name of Employer America's Health Insurance Plans	Occupation Executive Director, Policy Research	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 399.92	
SUBTOTAL of Receipts This Page (optio	nal)	43.74

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 211 (check only one) X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans F	PAC (AHIP PAC	;)	
Full Name (Last, First, Middle Initial) Teresa Chovan			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			10 30 / Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20091026173011-9
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		14.58
Name of Employer America's Health Insurance	Occupation		7
Plans		Director, Policy Research	
Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
Other (specify)	0 0	399.92	
Full Name (Last, First, Middle Initial) Teresa Chovan	I		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			11 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20091110151710-9
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		14.58
Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director, Policy Research	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 399.92]
Full Name (Last, First, Middle Initial) Teresa Chovan			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			11 30 7 9 9
City	State	Zip Code	Transaction ID: 20091130125456-9
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		14.58
Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director, Policy Research	7
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	399.92	
SUBTOTAL of Receipts This Page (optional	al)		43.74

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X) Use separate some for each category Detailed Summer	ory of the
Any information copied from such Repor or for commercial purposes, other than under the commercial purposes. NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	sing the name and address of any politic	ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Teresa Chovan Mailing Address 601 Pennsylvar Suite 500, Sout	n Building	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington FEC ID number of contributing federal political committee.	State Zip Code DC 20004	Amount of Each Receipt this Period 14.58
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Executive Director, Police Aggregate Year-to-Date	y Research 399.92
Full Name (Last, First, Middle Initial) Teresa Chovan Mailing Address 601 Pennsylvar Suite 500, Sout	n Building	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington FEC ID number of contributing federal political committee.	State Zip Code DC 20004	Amount of Each Receipt this Period 14.58
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Executive Director, Police Aggregate Year-to-Date	y Research 399.92
Full Name (Last, First, Middle Initial) Lois Cornell Mailing Address 31 Farm Hill Ro	I	Date of Receipt
City Natick FEC ID number of contributing federal political committee.	State Zip Code MA 01760-5552	Transaction ID: B29FFF296FABEE32220 Amount of Each Receipt this Period 500.00
Name of Employer Tufts Health Plan Receipt For: Primary General Other (specify)	Occupation Sr VP of HR, General C Aggregate Year-to-Date ▼	ounsel, Sr. Comp 500.00
SUBTOTAL of Receipts This Page (op		529.16

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedul for each category of the Detailed Summary Pa	ne (check only one)
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	the name and address of any political com	ny person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Thomas Croswell Mailing Address 40 Wyman Rd		Date of Receipt
City Lexington	State Zip Code MA 02420-3236	0 7 2 8 2 0 0 9 Transaction ID: 5032EBF935879E29E Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Tufts Health Plan Receipt For: Primary General Other (specify) ▼	Occupation Chief Operating Officer Aggregate Year-to-Date ▼ 500.	00
Full Name (Last, First, Middle Initial) Kirstin Dawson Mailing Address 602 Pennsylvania A Suite 500, South Bi	Avenue N.W.	Date of Receipt
City	State Zip Code	Transaction ID: 20091026173011-10
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.42
Name of Employer America's Health Insurance Plans	Occupation Research Associate	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.	08
Full Name (Last, First, Middle Initial) Kirstin Dawson		Date of Receipt
Mailing Address 602 Pennsylvania A Suite 500, South Bi	uilding	1 1 1 1 3 2 0 0 9
City Washington	State Zip Code DC 20004	Transaction ID: 20091110151710-10 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.42
Name of Employer America's Health Insurance Plans	Occupation Research Associate	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.	08
SUBTOTAL of Receipts This Page (optional	и)	520.84

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Kirstin Dawson		Date of Receipt
Mailing Address 602 Pennsylvania Ave Suite 500, South Buile		11 30 2009
City	State Zip Code	Transaction ID: 20091130125456-10
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.42
Name of Employer America's Health Insurance Plans	Occupation Research Associate	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.08	
Full Name (Last, First, Middle Initial) Kirstin Dawson	L	Date of Receipt
Mailing Address 602 Pennsylvania Ave Suite 500, South Build		12 15 2009
City	State Zip Code	Transaction ID: 20091210114025-10
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.42
Name of Employer America's Health Insurance Plans	Occupation Research Associate	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.08	
Full Name (Last, First, Middle Initial) Kirstin Dawson		Date of Receipt
Mailing Address 602 Pennsylvania Av Suite 500, South Build	enue N.W. ding	12 31 Y Y Y Y Y
City	State Zip Code	Transaction ID: 20100104152628-10
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.42
Name of Employer America's Health Insurance Plans	Occupation Research Associate	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.08	
		31.26

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 211 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	e name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For:	State DC C Occupation Exec. Dir	Zip Code 20004 n rector of Learning & Resource e Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 2009071018017-11 Amount of Each Receipt this Period 62.50
Primary General Other (specify) Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania Ave	enue N.W.	1500.00	Date of Receipt
Suite 500, South Build City Washington FEC ID number of contributing federal political committee.	State DC	Zip Code 20004	0 7 3 1 2 0 0 9 Transaction ID: 2009072717019-11 Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		rector of Learning & Resource e Year-to-Date 1500.00	ee
Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania Ave Suite 500, South Build			Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
City Washington FEC ID number of contributing	State DC	Zip Code 20004	Transaction ID: 2009081114326-11 Amount of Each Receipt this Period
rec ib number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: □ Primary □ General □ Other (specify) ▼	, '	n rector of Learning & Resource Year-to-Date ▼ 1500.00	62.50 ee
SUBTOTAL of Receipts This Page (optional) .			187.50

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Ar	y information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions
 	Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania Ave Suite 500, South Build			Date of Receipt 0 8 3 1 2 0 0 9
	City	State	Zip Code	Transaction ID: 200909039164-11
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		62.50
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		n rector of Learning & Resource e Year-to-Date ▼ 1500.00	ee
	Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania Ave			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Suite 500, South Build	State	Zip Code	Transaction ID: 20090911173131-11
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		62.50
	Name of Employer America's Health Insurance Plans	Occupatio Exec. Dir	n rector of Learning & Resourc	ee
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00	
	Full Name (Last, First, Middle Initial) Gregory Dean			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			09 / 30 / 4 2009
	City Washington	State DC	Zip Code 20004	Transaction ID: 2009092994629-11
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 62.50
	Name of Employer America's Health Insurance Plans		rector of Learning & Resourc	ee
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00	
s	UBTOTAL of Receipts This Page (optional) .			187.50

SCHEDULE A (FEC Form 3	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 211 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usi NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	ng the name and add	dress of any political committee to	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Gregory Dean			Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South	Building	7'- 0-4	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State DC	Zip Code 20004	Transaction ID: 2009101210142-11 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20004	62.50
Name of Employer America's Health Insurance Plans	Occupation Exec. Dir	n ector of Learning & Resourc	е
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Gregory Dean	A		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South			10 30 2009
City	State	Zip Code	Transaction ID: 20091026173011-11
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer America's Health Insurance	Occupation		
<u>Plans</u> Receipt For:		ector of Learning & Resourc Year-to-Date	e
Primary General Other (specify) ▼	Aggregate	1500.00	
Full Name (Last, First, Middle Initial) Gregory Dean	L		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South	Building		111 / 13 / Y Y Y Y Y
City Washington	State DC	Zip Code 20004	Transaction ID: 20091110151710-11
FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans		ector of Learning & Resourc	e
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (option	nal)		187.50

SCHEDULE A (FEC Form 3. ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	Check only one
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may	not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	<u> </u>	· ·	
		,	
Full Name (Last, First, Middle Initial) Gregory Dean			Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B	Building		11 30 7 2009
City	State DC	Zip Code	Transaction ID: 20091130125456-11
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans		ector of Learning & Resourc	e
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Gregory Dean			Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B			12 15 2009
City Washington	State DC	Zip Code 20004	Transaction ID: 20091210114025-11
FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans	Occupation Exec. Dir	n rector of Learning & Resourc	e
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Gregory Dean			Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B			1 2 3 1 2 0 0 9
City	State	Zip Code	Transaction ID: 20100104152628-11
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans	Occupation Exec. Dir	n ector of Learning & Resourc	e
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	
SUBTOTAL of Receipts This Page (option	al)		187.50

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 11
7	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committ	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	Americas Health Insurance Plans PA	C (AHIP PAC)	
	Full Name (Last, First, Middle Initial) Randolph Desonia Mailing Address 601 Pennsylvania Ave	anua N W	Date of Receipt
	Suite 500, South Build		11 13 2009
	City	State Zip Code	Transaction ID: 20091110151710-12
	Washington	DC 20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.00
	Name of Employer America's Health Insurance	Occupation	
	<u>Plans</u>	Director, Medicaid Policy	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	240.00	
_	Full Name (Last, First, Middle Initial) Randolph Desonia		Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build	ling	111 30 7 2009
	City	State Zip Code	Transaction ID: 20091130125456-12
	Washington	DC 20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.00
	Name of Employer America's Health Insurance Plans	Occupation Director, Medicaid Policy	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	240.00	
_	Full Name (Last, First, Middle Initial) Randolph Desonia		Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build	ling	12 15 2009
	City	State Zip Code	Transaction ID: 20091210114025-12
	Washington	DC 20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.00
	Name of Employer America's Health Insurance Plans	Occupation Director, Medicaid Policy	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	240.00	
	Other (specify) ▼	240.00	
г			
	SUBTOTAL of Receipts This Page (optional) .		30.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	Check only one
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
Americas Health Insurance Plans F	PAC (AHIP PAC	;)	
Full Name (Last, First, Middle Initial) Randolph Desonia			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu	uilding		12 31 2009
City Washington	State DC	Zip Code 20004	Transaction ID: 20100104152628-12
FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 10.00
Name of Employer America's Health Insurance Plans	Occupation Director,	n Medicaid Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Mary Beth Donahue Mailing Address 601 Pennsylvania A	Venue Northwe	net	Date of Receipt
South Building, Sui		:51	09 15 2009
City Washington	State DC	Zip Code	Transaction ID: C1476FA8B904BD3BE2
FEC ID number of contributing federal political committee.	C	20004-2601	Amount of Each Receipt this Period 5000.00
Name of Employer America's Health Insurance Plans	Occupation Executive	n e VP, Policy & Operations	
Receipt For: Primary General Other (specify) ♥	Aggregate	Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Stephanie Dougherty			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu	uilding		09 15 2009
City Washington	State DC	Zip Code 20004	Transaction ID: 20090911173131-13 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20004	12.50
Name of Employer America's Health Insurance Plans		Professional Programs	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	n		5022.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	he name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Stephanie Dougherty Mailing Address 601 Pennsylvania Av Suite 500, South Buil City Washington FEC ID number of contributing federal political committee.		Zip Code 20004	Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Director,	n Professional Programs • Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Stephanie Dougherty Mailing Address 601 Pennsylvania Av Suite 500, South Buil City	lding State	Zip Code	Date of Receipt 10 15 2009 Transaction ID: 2009101210142-13
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 12.50
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	_ '	n Professional Programs • Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Stephanie Dougherty Mailing Address 601 Pennsylvania Av			Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Buil City	Iding State	Zip Code	1 0 3 0 2 0 0 9 Transaction ID: 20091026173011-13
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 12.50
Name of Employer America's Health Insurance Plans		Professional Programs	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)			37.50

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 211 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Stephanie Dougherty Mailing Address 601 Pennsylvania A Suite 500, South Bu			Date of Receipt 11 1 1 3 2 0 0 9
City Washington FEC ID number of contributing federal political committee.	State DC	Zip Code 20004	Transaction ID: 20091110151710-13 Amount of Each Receipt this Period 12.50
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Professional Programs Year-to-Date 300.00	
Full Name (Last, First, Middle Initial) Stephanie Dougherty Mailing Address 601 Pennsylvania A Suite 500, South Bu City		Zip Code	Date of Receipt M
Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General	'	20004 Professional Programs Year-to-Date ▼ 300.00	Amount of Each Receipt this Period 12.50
Full Name (Last, First, Middle Initial) Stephanie Dougherty Mailing Address 601 Pennsylvania A Suite 500, South Bu			Date of Receipt 1 2 1 5 2 0 0 9
City Washington FEC ID number of contributing federal political committee.	State DC	Zip Code 20004	Transaction ID: 20091210114025-13 Amount of Each Receipt this Period 12.50
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		Professional Programs Year-to-Date 300.00	
SUBTOTAL of Receipts This Page (optional)	·····	37.50

SCHEDULE ITEMIZED R	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for commercial p	oied from such Reports and St ourposes, other than using the MMITTEE (In Full)	atements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\ \	alth Insurance Plans PAC	(AHIP PAC	C)	
Stephanie Dough	•	NI VA/		Date of Receipt
Mailing Address	601 Pennsylvania Aver Suite 500, South Buildi			12 31 2009
City		State	Zip Code	Transaction ID: 20100104152628-13
Washington		DC	20004	Amount of Each Receipt this Period
FEC ID number federal political		C		12.50
Name of Emplo America's Healt Plans	yer h Insurance	Occupatio Director,	n Professional Programs	
Receipt For:		Aggregate	e Year-to-Date ▼	
Primary Other (spe	☐ General ecify) ♥		300.00	
Full Name (Last	r, First, Middle Initial)			Date of Receipt
Mailing Address	601 Pennsylvania Aver Suite 500, South Buildi	ng		07 / 15 / Y Y Y Y Y
City		State	Zip Code	Transaction ID: 2009071018017-14
Washington FEC ID number federal political		C	20004	Amount of Each Receipt this Period 104.00
Name of Emplo America's Healt Plans	yer h Insurance	Occupatio Vice Pres	n sident, Federal Affairs	
Receipt For:		Aggregate	e Year-to-Date ▼	
Primary Other (spe	☐ General ecify) ▼		2496.00	
Full Name (Last	, First, Middle Initial)			Date of Receipt
Mailing Address	601 Pennsylvania Aver Suite 500, South Buildi	ng		07 31 7 2009
City		State	Zip Code	Transaction ID: 2009072717019-14
Washington FEC ID number		C	20004	Amount of Each Receipt this Period 104.00
federal political	committee.			
Name of Emplo America's Healt Plans	yer h Insurance		sident, Federal Affairs	
Receipt For: Primary Other (spe	☐ General ecify) ▼	Aggregate	e Year-to-Date ▼ 2496.00	
SUBTOTAL of Re	Leceipts This Page (optional)		_	220.50
	od (last page this line number of			

Washington DC 20004	JMBER: PAGE 48 / 211 ne) 11b 11c 12 14 15 16 17
A. Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington Date of Re Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Coccupation Vice President, Federal Affairs Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington Date of Re Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South B	of soliciting contributions ons from such committee.
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington DC 20004 Amount of FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Cull Name (Last, First, Middle Initial) Jill Dowell Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington DC 20004 Date of Re Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington DC 20004 Amount of FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Date of Re Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Transactio Amount of DC 20004 Amount of DC 20004 Amount of DC 20004 Date of Re Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Date of Re Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Date of Re Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Date of Re Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Amount of Date of Re Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Amount of Date of Re Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Amount of Date of Re Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Amount of Personant Aggregate Year-to-Date ▼ Transactio	
City Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Pull Name (Last, First, Middle Initial) Jill Dowell Name of Employer Amount of Per Coupation Washington PEC ID number of contributing federal political committee. Full Name (Last, First, Middle Initial) Jill Dowell Date of Re Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Mahing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Transactio Amount of FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Jill Dowell Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Transactio Date of Re Magregate Year-to-Date Tederal Affairs Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Jill Dowell Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Transactio Amount of FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Occupation Vice President, Federal Affairs Receipt For: Aggregate Year-to-Date ▼	<u> </u>
Washington DC 20004	14 2009
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans. Receipt For: Primary	on ID: 2009081114326-14
Name of Employer America's Health Insurance Plans Receipt For:	Each Receipt this Period
Plans Receipt For: Primary	104.00
Receipt For: Primary	
Tull Name (Last, First, Middle Initial) Jill Dowell Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC Z0004 Transactio Amount of FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼ Cupation Vice President, Federal Affairs Aggregate Year-to-Date Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington Date of Re Transactio Amount of Date of Re Transactio Amount of Date of Re Transactio Amount of Date of Re Transactio Aggregate Year-to-Date Transactio Amount of Date of Re Transactio Date of Re Transactio Amount of Date of Re Transactio Transactio Transactio Date of Re Transactio Tr	
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 Transactio Mame of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Jill Dowell Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans City State Zip Code Transactio Amount of Date of Re M M M M O 8 Transactio Aggregate Year-to-Date ▼ Transactio Code Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Transactio Amount of FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼	
Suite 500, South Building City State Zip Code Washington DC 20004 Amount of FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ City Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Amount of Transactio Aggregate Year-to-Date ▼ Date of Re Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Transactio Amount of C Transactio Amount of DC 20004 Transactio Amount of C C Name of Employer America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Occupation Vice President, Federal Affairs Receipt For: Aggregate Year-to-Date ▼	ceipt
Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Jill Dowell Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Transactio Washington Date of Re May M M M O 9 Transactio Amount of Date of Re May M M M M O 9 Transactio C Name of Employer America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Occupation Vice President, Federal Affairs Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	31 2009
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Jill Dowell Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 Transactio Amount of FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Occupation Occupation Vice President, Federal Affairs Aggregate Year-to-Date ▼	on ID: 200909039164-14
Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date Pull Name (Last, First, Middle Initial) Jill Dowell Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Transactio Washington DC DC Name of Employer America's Health Insurance Plans Receipt For: Aggregate Year-to-Date Occupation Vice President, Federal Affairs Aggregate Year-to-Date Occupation Vice President, Federal Affairs Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date	Each Receipt this Period
America's Healfh Insurance Plans Receipt For: Primary General Other (specify) Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington FEC ID number of contributing federal political committee. Name of Employer America's Healfh Insurance Plans Receipt For: Aggregate Year-to-Date Aggregate Year-to-Date Date of Re May M M M M O 9 Transactio Amount of C Occupation Vice President, Federal Affairs Aggregate Year-to-Date	
Receipt For: Primary Other (specify) ▼ Pull Name (Last, First, Middle Initial) Jill Dowell Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	
Other (specify) ▼ Pull Name (Last, First, Middle Initial) Jill Dowell Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼	
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 Transactio Transactio Amount of C Name of Employer America's Health Insurance Plans Receipt For: Aggregate Year-to-Date Date of Re M M M 0 9 Transactio C Aggregate Year-to-Date Aggregate Year-to-Date	
Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: State Zip Code Transactio C Occupation Vice President, Federal Affairs Aggregate Year-to-Date ▼	eceipt
Washington DC 20004 Amount of FEC ID number of contributing federal political committee. C Image: Committee of contributing federal political committee. C Name of Employer America's Health Insurance Plans Occupation Vice President, Federal Affairs Receipt For: Aggregate Year-to-Date ▼	15 2009
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Occupation Vice President, Federal Affairs Aggregate Year-to-Date	on ID: 20090911173131-14
Name of Employer America's Health Insurance Plans Receipt For: Occupation Vice President, Federal Affairs Aggregate Year-to-Date ▼	Each Receipt this Period
Plans Vice President, Federal Attairs Receipt For: Aggregate Year-to-Date ▼	104.00
Primary General Other (specify) ▼ 2496.00	
SUBTOTAL of Receipts This Page (optional)	312.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 211 (check only one)
4	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions a solicit contributions from such committee.
Z	NAME OF COMMITTEE (In Full)	5	aroos or arry pointed committee to	33.3. 33. 33. 33. 33. 33. 33. 33. 33. 3
	Americas Health Insurance Plans PAG	C (AHIP PAC	()	
٠.	Full Name (Last, First, Middle Initial) Jill Dowell			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build	09 30 7 9 9		
	City	State	Zip Code	Transaction ID: 2009092994629-14
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		104.00
	Name of Employer America's Health Insurance Plans	Occupatio Vice Pre	n sident, Federal Affairs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		2496.00	
- 3.	Full Name (Last, First, Middle Initial) Jill Dowell			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build	10 15 2009		
	City	State	Zip Code	Transaction ID: 2009101210142-14
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		104.00
	Name of Employer America's Health Insurance Plans	Occupatio Vice Pre	n sident, Federal Affairs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		2496.00	
_	Full Name (Last, First, Middle Initial) Jill Dowell	<u> </u>		Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			10 30 7 9 9
	City	State	Zip Code	Transaction ID: 20091026173011-14
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			104.00
	Name of Employer America's Health Insurance Plans	Occupatio Vice Pres	n sident, Federal Affairs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		2496.00]
	SUBTOTAL of Receipts This Page (optional)			312.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	f	Jse separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 211 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may no	t be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	the hame and address	o or any pontion committee to	
Americas Health Insurance Plans F	PAC (AHIP PAC)		
Full Name (Last, First, Middle Initial) Jill Dowell			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South B			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20091110151710-14
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		104.00
Name of Employer America's Health Insurance Plans	Occupation Vice Preside	ent, Federal Affairs	
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 2496.00	
Full Name (Last, First, Middle Initial) Jill Dowell			Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			11 30 7 2009
City	State	Zip Code	Transaction ID: 20091130125456-14
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		104.00
Name of Employer America's Health Insurance Plans	Occupation Vice Preside	ent, Federal Affairs	
Receipt For:	Aggregate Yea		
Primary General Other (specify) ▼	0 0 0	2496.00	
Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bo			12 15 2009
City	State	Zip Code	Transaction ID: 20091210114025-14
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		104.00
Name of Employer America's Health Insurance Plans	Occupation Vice Preside	ent, Federal Affairs	
Receipt For:	Aggregate Yea	ar-to-Date ▼	
Primary General Other (specify) ▼	0 0 0	2496.00	

	ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 211 (check only one)
	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	he name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Jill Dowell Mailing Address 601 Pennsylvania Av Suite 500, South Bui	venue N.W.	,	Date of Receipt 1 2 3 1 2 0 0 9
	City Washington FEC ID number of contributing federal political committee.	State DC	Zip Code 20004	Transaction ID: 20100104152628-14 Amount of Each Receipt this Period 104.00
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		on sident, Federal Affairs e Year-to-Date ▼ 2496.00	
В.	Full Name (Last, First, Middle Initial) Zeke Duda Mailing Address 23 Old Westfall Dr			Date of Receipt M
	City Rochester FEC ID number of contributing federal political committee. Name of Employer Lifetime Healthcare Compa-	State NY C Occupation Senior F	Zip Code 14625-1045	Transaction ID: 10BFE76104946A0E41F Amount of Each Receipt this Period 1667.00
	nies Receipt For: Primary General Other (specify) ▼	_, -	e Year-to-Date ▼ 1667.00	
C.	Full Name (Last, First, Middle Initial) Patti Embry-Tautenhan Mailing Address 12 Overlook Dr E			Date of Receipt 0 7 2 9 2 0 0 9
	City Framingham FEC ID number of contributing federal political committee.	State MA	Zip Code 01701-3320	Transaction ID: 5EE4C7EFBA084C8886B Amount of Each Receipt this Period 250.00
	Name of Employer Tufts Health Plan		orate Communications	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			2021.00
	TOTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 52 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be so the name and address of a	old or used by any persony political committee to	n for the purpose of soliciting contributions
Americas Health Insurance Plans F	AC (AHIP PAC)		
Full Name (Last, First, Middle Initial) Behrends Foster			Date of Receipt
Mailing Address 601 Pennsylvania A South Building, Suit			09 28 2009
City	State Zip C		Transaction ID: 0A7FA165E285E562A
Washington	DC 2000	04-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer America's Health Insurance Plans	Occupation VP, Federal Affai	rs	
Receipt For:	Aggregate Year-to-D		1
Primary General Other (specify) ▼	0 0 0	500.00	
Full Name (Last, First, Middle Initial) Jeffrey Gabardi			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu	07 15 2009		
City	State Zip C	Code	Transaction ID: 2009071018017-15
Washington	DC 2000	04	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer America's Health Insurance Plans	Occupation Senior Vice Presi	dent, State Affairs	
Receipt For:	Aggregate Year-to-D		
Primary ☐ General Other (specify) ▼	0 0 0	3000.00	
Full Name (Last, First, Middle Initial) Jeffrey Gabardi			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			07 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip C		Transaction ID: 2009072717019-15
Washington	DC 2000	04	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer America's Health Insurance Plans	Occupation Senior Vice Presi	dent, State Affairs	
Receipt For:	Aggregate Year-to-D		1
Primary General Other (specify) ▼		3000.00	
SUBTOTAL of Receipts This Page (optional	\ \		750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 211 (check only one) X
\ \ \	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Americas Health Insurance Plans PAC	C (AHIP PAC	5)	
	Full Name (Last, First, Middle Initial) Jeffrey Gabardi			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			08 14 2009
	City	State	Zip Code	Transaction ID: 2009081114326-15
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer America's Health Insurance Plans	Occupatio Senior V	n ice President, State Affairs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		3000.00]
_	Full Name (Last, First, Middle Initial) Jeffrey Gabardi	1		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			08 31 2009
	City	State	Zip Code	Transaction ID: 200909039164-15
	<u>Washington</u>	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer America's Health Insurance	Occupatio Senior V	n ice President, State Affairs	
	Plans Receipt For:	, '	e Year-to-Date	
	Primary General Other (specify) ▼	33 13	3000.00	
_	Full Name (Last, First, Middle Initial) Jeffrey Gabardi	1		Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build	ling		09 15 2009
	City Washington	State DC	Zip Code 20004	Transaction ID: 20090911173131-15
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 125.00
	Name of Employer America's Health Insurance Plans	Occupatio Senior V	n ice President, State Affairs	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3000.00	
	SUBTOTAL of Receipts This Page (optional)			375.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 211 (check only one) X			
or for commercial purposes, other than using the	Statements may not be sold or used by any persue name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	C (AHIP PAC)				
Full Name (Last, First, Middle Initial) Jeffrey Gabardi	NW	Date of Receipt			
0 001.0107	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building				
City	State Zip Code	Transaction ID: 2009092994629-15			
Washington	DC 20004	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	125.00			
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, State Affairs				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	3000.00				
Full Name (Last, First, Middle Initial) Jeffrey Gabardi		Date of Receipt			
Mailing Address 601 Pennsylvania Av Suite 500, South Build	ding	10 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID: 2009101210142-15			
Washington	DC 20004	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	125.00			
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, State Affairs				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00				
Full Name (Last, First, Middle Initial) Jeffrey Gabardi		Date of Receipt			
Mailing Address 601 Pennsylvania Av Suite 500, South Build	ding	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID: 20091026173011-15			
Washington	DC 20004	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	125.00			
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, State Affairs				
Receipt For:	Aggregate Year-to-Date ▼	_			
Primary General Other (specify) ▼	3000.00				
		375.00			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16			
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	ne name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.			
Full Name (Last, First, Middle Initial) Jeffrey Gabardi	·	Date of Receipt			
Suite 500, South Buil	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building				
City Washington	State Zip Code DC 20004	Transaction ID: 20091110151710-15 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C 2000+	125.00			
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Senior Vice President, State Affair Aggregate Year-to-Date 3000.00	s			
Full Name (Last, First, Middle Initial) Jeffrey Gabardi Mailing Address 601 Pennsylvania Av	enue N W	Date of Receipt			
Suite 500, South Buil	ding	11 30 2009			
City <u>Washington</u>	State Zip Code DC 20004	Transaction ID: 20091130125456-15 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	125.00			
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, State Affair	s			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00				
Full Name (Last, First, Middle Initial) Jeffrey Gabardi		Date of Receipt			
Mailing Address 601 Pennsylvania Av Suite 500, South Buil	ding	12 15 2009			
City Washington	State Zip Code DC 20004	Transaction ID: 20091210114025-15 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	125.00			
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, State Affair	s			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00				
SUBTOTAL of Receipts This Page (optional)	•	375.00			

	SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 211 (check only one) X
•	Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P	the name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Jeffrey Gabardi Mailing Address 601 Pennsylvania A Suite 500, South Bu			Date of Receipt 1 2 3 1 2 0 0 9
	City Washington FEC ID number of contributing federal political committee.	State DC	Zip Code 20004	Transaction ID: 20100104152628-15 Amount of Each Receipt this Period 125.00
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		on Fice President, State Affairs e Year-to-Date ▼ 3000.00	
В.	Full Name (Last, First, Middle Initial) Mark Ganz Mailing Address 200 Market Street			Date of Receipt 1 1 7 2 0 0 9
	City Portland FEC ID number of contributing federal political committee.	State OR	Zip Code 97201-5715	Transaction ID: 5877DDFEAFAC25259D6 Amount of Each Receipt this Period 5000.00
	Name of Employer The Regence Group Receipt For: Primary General Other (specify) ▼	- ' '	on at & CEO e Year-to-Date ▼ 5000.00	
C .	Full Name (Last, First, Middle Initial) Leanne Gassaway Mailing Address 601 Pennsylvania A	venue N.W		Date of Receipt
	Suite 500, South Bu City Washington FEC ID number of contributing federal political committee.		Zip Code 20004	7 15 2009 Transaction ID: 2009071018017-16 Amount of Each Receipt this Period 27.08
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		on I Director e Year-to-Date ▼ 649.92	
	SUBTOTAL of Receipts This Page (optional)		5152.08
	TOTAL This Period (last page this line numb	per only)		

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 211 (check only one) X	
Any information copied from su or for commercial purposes, oth NAME OF COMMITTEE (Ir	ner than using the name and a	ay not be sold or used by any personderess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
Americas Health Insura	ince Plans PAC (AHIP PA	C)		
Full Name (Last, First, Midd Leanne Gassaway	,		Date of Receipt	
	nnsylvania Avenue N.W. 00, South Building		07 31 7 2009	
City <u>Washington</u>	State DC	Zip Code 20004	Transaction ID: 2009072717019-16 Amount of Each Receipt this Period	
FEC ID number of contribut federal political committee.	ing C		27.08	
Name of Employer America's Health Insurance Plans Receipt For:	Aggrega:	on al Director te Year-to-Date ▼ 649.92	7	
Other (specify) Full Name (Last, First, Midd Leanne Gassaway	le Initial)	0 10.02	Date of Receipt	
Mailing Address 601 Per Suite 50	0 8 1 4 2 0 0 9			
City Washington	State DC	Zip Code	Transaction ID: 2009081114326-16	
FEC ID number of contribut federal political committee.		20004	Amount of Each Receipt this Period 27.08	
Name of Employer America's Health Insurance Plans	Occupati Regiona	on al Director		
Receipt For: Primary Gen Other (specify) ▼		te Year-to-Date ▼ 649.92		
Full Name (Last, First, Midd Leanne Gassaway	lle Initial)		Date of Receipt	
Mailing Address 601 Per	·			
City	State DC	Zip Code	Transaction ID: 200909039164-16	
Washington FEC ID number of contribut federal political committee.		20004	Amount of Each Receipt this Period 27.08	
Name of Employer America's Health Insurance Plans	Occupati Regiona	on al Director		
Receipt For: Primary Gen Other (specify) ▼		te Year-to-Date ▼ 649.92		
SUPTOTAL of Possints This	Page (optional)		81.24	

SCHEDULE A (FEC FOITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 11	
Any information copied from such or for commercial purposes, other	Reports and Statements may no chan using the name and address	ot be sold or used by any pers ss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
NAME OF COMMITTEE (In Fu Americas Health Insurance	•			
Full Name (Last, First, Middle In Leanne Gassaway	nitial)		Date of Receipt	
	ylvania Avenue N.W. South Building		0 9 1 5 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City <u>Washington</u>	State DC	Zip Code 20004	Transaction ID: 20090911173131-16 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	20004	27.08	
Name of Employer America's Health Insurance Plans	Occupation Regional Di			
Receipt For: Primary Genera Other (specify) ▼		ear-to-Date ▼ 649.92		
Full Name (Last, First, Middle In Leanne Gassaway	nitial)		Date of Receipt	
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			
City Washington	State DC	Zip Code	Transaction ID: 2009092994629-16	
FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 27.08	
Name of Employer America's Health Insurance Plans	Occupation Regional Di	rector		
Receipt For: Primary Genera Other (specify) ▼	Aggregate Ye			
Full Name (Last, First, Middle II Leanne Gassaway	nitial)		Date of Receipt	
	· · · · · · · · · · · · · · · · · · ·			
City Washington	State DC	Zip Code 20004	Transaction ID: 2009101210142-16 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		27.08	
Name of Employer America's Health Insurance Plans	Occupation Regional Di			
Receipt For: Primary Genera Other (specify) ▼		ear-to-Date ▼ 649.92		
SUBTOTAL of Receipts This Page	Je (optional)		81.24	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Leanne Gassaway Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation Regional Director Aggregate Year-to-Date 649.92	27.08
Full Name (Last, First, Middle Initial) Leanne Gassaway Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing		Date of Receipt M
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation Regional Director Aggregate Year-to-Date ▼ 649.92	
Full Name (Last, First, Middle Initial) Leanne Gassaway Mailing Address 601 Pennsylvania Ave Suite 500, South Build		Date of Receipt 1 1 3 0 2 0 0 9 Transaction ID: 20091130125456-16
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 27.08
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Regional Director Aggregate Year-to-Date ▼ 649.92	
SUBTOTAL of Receipts This Page (optional) .	1	81.24

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ai	ny information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	(AHIP PAC	C)	
ب 4.	Full Name (Last, First, Middle Initial) Leanne Gassaway			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Build			12 15 2009
	City Washington	State DC	Zip Code 20004	Transaction ID: 20091210114025-16 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20004	27.08
	Name of Employer America's Health Insurance Plans Receipt For: Primary General	, ' 	on I Director e Year-to-Date ▼ 649.92	1
— В.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Leanne Gassaway	0 0		Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi	12 31 YYYY 12009		
	City	State DC	Zip Code	Transaction ID: 20100104152628-16
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 27.08
	Name of Employer America's Health Insurance Plans	Occupation Regional	on I Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 649.92	
	Full Name (Last, First, Middle Initial) Frances Ghose			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi	07 15 Y Y Y Y Y Y Y		
	City Washington	State DC	Zip Code 20004	Transaction ID: 2009071018017-17
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 62.50
	Name of Employer America's Health Insurance Plans	Occupation Director	n Political Affairs	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1312.50	
s	BUBTOTAL of Receipts This Page (optional)			116.66
	OTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 211 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	g me mame and ad-	aroco or arry pointed committee to	
Americas Health Insurance Plans	PAC (AHIP PAC	;)	
Full Name (Last, First, Middle Initial) Frances Ghose			Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B			07 31 2009
City	State	Zip Code	Transaction ID: 2009072717019-17
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer America's Health Insurance Plans	Occupation Director	n Political Affairs	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1312.50	
Full Name (Last, First, Middle Initial) Frances Ghose	L		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B			08 14 7 2009
City	State	Zip Code	Transaction ID: 2009081114326-17
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer America's Health Insurance Plans	Occupation Director	n Political Affairs	
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		1312.50	
Full Name (Last, First, Middle Initial) Frances Ghose			Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B			08 / 31 / 2009
City	State	Zip Code	Transaction ID: 200909039164-17
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer America's Health Insurance Plans		Political Affairs	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1312.50	
			187.50

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 211 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	and name and add	aroo or arry pointed committees to	Control Contro
Americas Health Insurance Plans P	AC (AHIP PAC	;)	
Full Name (Last, First, Middle Initial) Frances Ghose			Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Bui			09 / 15 / Y Y Y Y
City	State	Zip Code	Transaction ID: 20090911173131-17
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer America's Health Insurance Plans	Occupation Director	n Political Affairs	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1312.50	
Full Name (Last, First, Middle Initial) Frances Ghose			Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Bui			09 30 7 2009
City	State	Zip Code	Transaction ID: 2009092994629-17
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer America's Health Insurance Plans	Occupation Director	n Political Affairs	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1312.50	
Full Name (Last, First, Middle Initial) Frances Ghose			Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Bui			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 2009101210142-17
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer America's Health Insurance Plans	Occupation Director I	n Political Affairs	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1312.50	
			187.50

	CHEDULE A (FEC Form 3X EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 211 (check only one)
or f	y information copied from such Reports and or commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P	the name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Frances Ghose Mailing Address 601 Pennsylvania A Suite 500, South Bu City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Director	Zip Code 20004 on Political Affairs e Year-to-Date ▼ 1312.50	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) Frances Ghose Mailing Address 601 Pennsylvania A Suite 500, South Bu City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Director	Zip Code 20004 on Political Affairs e Year-to-Date ▼ 1312.50	Date of Receipt M M 13 2009 Transaction ID: 20091110151710-17 Amount of Each Receipt this Period 62.50
C.	Full Name (Last, First, Middle Initial) Cindy Goff Mailing Address 601 Pennsylvania A South Building, Suite City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Regional	Zip Code 20004-2601	Date of Receipt M M M / D D M / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	JBTOTAL of Receipts This Page (optional			1125.00

	FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 211 (check only one)
\ \	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
/		AC (ANIF FAC	·) 	
Α.	Full Name (Last, First, Middle Initial) Lydia Greene			Date of Receipt
	Mailing Address 21 New Boston Rd			07
	City Amherst	State NH	Zip Code 03031-3211	Transaction ID: E92E01924C2ED850D40 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Tufts Health Plan	Occupatio VP, Hum	n nan Resources and Diversity	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Aida Guida			Date of Receipt
	Mailing Address 2 Moore Rd			08 03 2009
	City	State	Zip Code	Transaction ID: 4EA0C2B3A23635D3070
	Sudbury	MA	01776-1912	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Tufts Health Plans	Occupatio VP of Fir	n nance, Corporate Controller	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
_ С.	Full Name (Last, First, Middle Initial) Gregory Haban			Date of Receipt
	Mailing Address 5240 Pinedrive Cir N	W		12 14 2009
	City Canton	State OH	Zip Code 44718-1412	Transaction ID: D9420F7BD2E69C4FC9C
	FEC ID number of contributing federal political committee.	C	44/10-1412	Amount of Each Receipt this Period 275.00
	Name of Employer Aultcare	Occupatio Medical		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 275.00	
Γ	SUBTOTAL of Receipts This Page (optional)			1025.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	Statements may not be sold or used by any persone name and address of any political committee to C (AHIP PAC)	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Rick Haines Mailing Address 2600 6th Street South City Canton FEC ID number of contributing federal political committee. Name of Employer AultCare Receipt For: Primary General Other (specify)	State Zip Code OH 44710-1702 C Occupation President & CEO Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) H. Edward Hanway Mailing Address Two Liberty Place 1601 Chestnut Street City Philadelphia FEC ID number of contributing federal political committee. Name of Employer CIGNA Corp. Receipt For: Primary General Other (specify)	State Zip Code PA 19192-0001 C Occupation Chairman and CEO Aggregate Year-to-Date 2000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Lindy Hinman Mailing Address 602 Pennsylvania Av Suite 500, South Buil City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		4083.33

SCHEDULE A (FEC FO ITEMIZED RECEIPTS	rm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 211 (check only one) X
or for commercial purposes, other th NAME OF COMMITTEE (In Full)	an using the name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance	Plans PAC (AHIP PAC	C)	
Full Name (Last, First, Middle Init	ial)		Date of Receipt
	Ivania Avenue N.W. outh Building		07 31 2009
City	State	Zip Code	Transaction ID: 2009072717019-20
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance Plans	Occupation Vice Pre	on sident of Federal Policy and	s
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 1916.59	
Full Name (Last, First, Middle Init	ial)		Date of Receipt
Mailing Address 602 Pennsy	Ivania Avenue N.W.		0 8 1 4 2 0 0 9
City	State	Zip Code	Transaction ID: 2009081114326-20
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance Plans	Occupation Vice Pre	on sident of Federal Policy and	S
Receipt For: Primary General Other (specify) ▼	Aggregat	e Year-to-Date ▼ 1916.59	
Full Name (Last, First, Middle Init	ial)		Date of Receipt
	Ivania Avenue N.W. outh Building		08 31 7 2009
City <u>Washington</u>	State DC	Zip Code 20004	Transaction ID: 200909039164-20 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance Plans	Occupation Vice Pre	on sident of Federal Policy and	s
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1916.59	
SUBTOTAL of Receipts This Page	(optional)		249.99

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	m 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than	orts and Statements may using the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Pi	ans PAC (AHIP PAC	;)	
Full Name (Last, First, Middle Initia Lindy Hinman	,		Date of Receipt
Mailing Address 602 Pennsylva Suite 500, Soi	ania Avenue N.W. uth Building		09 15 2009
City	State	Zip Code	Transaction ID: 20090911173131-20
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident of Federal Policy and	s
Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
Other (specify) ▼	0 0	1916.59	
Full Name (Last, First, Middle Initia Lindy Hinman)		Date of Receipt
Mailing Address 602 Pennsylva Suite 500, Soi	ania Avenue N.W. uth Building		09 / 30 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 2009092994629-20
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident of Federal Policy and	S
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1916.59	
Full Name (Last, First, Middle Initia)		Date of Receipt
Mailing Address 602 Pennsylva Suite 500, Soi	ania Avenue N.W. uth Building		10 15 2009
City	State	Zip Code	Transaction ID: 2009101210142-19
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident of Federal Policy and	s
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1916.59	
SUBTOTAL of Receipts This Page (o	potional)		249.99
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Lindy Hinman Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building City Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼ Washington DC 20004 Amount of Each Receipt this Period Primary Other (specify) ▼ State Zip Code Primary State Zip Code Transaction ID: 20091126173011-19 Date of Receipt Mame of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ State Zip Code Transaction ID: 20091110151710-19 Amount of Each Receipt this Period Primary General Other (specify) ▼ State Zip Code Transaction ID: 20091110151710-19 Amount of Each Receipt this Period Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Lindy Hinman Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Lindy Hinman Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building Date of Receipt Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Lindy Hinman Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building		SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Full Name (Last, First, Middle Initial) Lindy Himman Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building City Washington DC 20004 FEC ID number of contributing tederal Policy and Secept Unity Himman Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building City Washington Date of Receipt this Period Receipt For: Primary General Ober (specify) ▼ Date of Receipt Transaction ID: 20091026173011-19 Amount of Each Receipt this Period Parasity Himman Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building City Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: 200911101517710-19 Amount of Each Receipt this Period Transaction ID: 200911101517710-19 Amount of Each Receipt this Period Transaction ID: 200911101517710-19 Amount of Each Receipt this Period DC 20004 FEC ID number of contributing federal political committee. City Washington DC 20004 FEC ID number of contributing federal Policy and Secept For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Lindy Himman Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building City Washington DC 20004 FEC ID number of contributing federal Policy and Secept this Period FEC ID number of contributing federal Policy and Secept this Period Primary General Occupation Vice President of Federal Policy and Secept this Period Receipt For: Primary General Occupation Vice President of Federal Policy and Secept this Period Amount of Each Receipt this Period Primary General Occupation Vice President of Federal Policy and Secept this Period Primary General Occupation Vice President of Federal Policy and Secept this Period Primary General Occupation Vice President of Federal Policy and Secept this Period Primary General Occupation Vice President of Federal Policy and Secept this Period Primary Ge	C C	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and add	dress of any political committee to	n for the purpose of soliciting contributions
A. Lindy-Himman Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building. City Washington DC 20004 FEC ID number of contributing federal political committee. C C C C C C C Name of Employer America's Health Insurance Plans Receipt For: Washington Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building City Washington DC 20004 FEC ID number of contributing federal Political committee. Date of Receipt this Period Amount of Each Receipt this Period Transaction ID: 20091026173011-19 Amount of Each Receipt this Period Plans Receipt For: Washington DC 20004 FEC ID number of contributing federal Political committee. C C C C Washington DC 20004 FEC ID number of contributing federal Political committee. C C C C Washington DC 20004 FEC ID number of contributing federal Political committee. C D C 20004 FUI Name (Last, First, Middle Initial) Lindy-Himman Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building City Washington DC 20004 FUI Name (Last, First, Middle Initial) Lindy-Himman Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building City Washington DC 20004 FEC ID number of contributing federal Political committee. C D C 20004 FEC ID number of contributing federal Political committee. C S C C C Name of Employer America's Health Insurance Plans Receipt For: Primary General C C C		Americas Health Insurance Plans PAC	CAHIP PAC)	
Suite 500, South Building City Washington DC 20004 FEC ID number of contributing lederal political committee. C Same of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ State Zip Code Date of Receipt this Period Date of Recei	Α.	Lindy Hinman			Date of Receipt
City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Occupation		00210111071141147110			
FEC ID number of contributing federal political committee. Name of Employer America's Heath Insurance Plans Receipt For:				Zip Code	Transaction ID: 20091026173011-19
Name of Employer America's Health Insurance Plans Name of Employe		Washington	DC	20004	Amount of Each Receipt this Period
America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Lindy Hinman Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building City Washington DC 20004 FEC ID number of contributing federal political committee. Full Name (Last, First, Middle Initial) Lindy Hinman Name of Employer America's Health Insurance Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Lindy Hinman Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Vice President of Federal Policy and S Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Lindy Hinman Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building City Washington DC 20004 FEC ID number of contributing federal political committee. C Date of Receipt Transaction ID: 20091110151710-19 Amount of Each Receipt Transaction ID: 20091130125456-19 Amount of Each Receipt His Period Transaction ID: 20091130125456-19 Amount of Each Receipt His Period Amount of Each Receipt His Period Transaction ID: 20091130125456-19 Amount of Each Receipt His Period Transaction ID: 20091130125456-19 Amount of Each Receipt His Period Amount of Each Receipt His Period Transaction ID: 20091130125456-19 Amount of Each Receipt His Period Amount of Each Receipt His Period Transaction ID: 20091130125456-19 Amount of Each Receipt His Period Amount of Each Receipt His Period Transaction ID: 20091130125456-19 Amount of Each Receipt His Period			С		83.33
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Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. C. Full Name (Last, First, Middle Initial) Lindy Hinman Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building City Washington Full Name (Last, First, Middle Initial) City Washington FEC ID number of contributing federal political committee. Full Name (Last, First, Middle Initial) City Washington FEC ID number of contributing federal political committee. C. Full Name (Last, First, Middle Initial) Lindy Hinman Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. C. Name of Employer America's Healfth Insurance Plans Receipt For: Plans Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Occupation Vice President of Federal Policy and S Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 1916.59		Primary General	Aggregate		
City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Lindy Hinman Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Occupation Vice President of Federal Policy and S Aggregate Year-to-Date ✓ Amount of Each Receipt this Period Date of Receipt Transaction ID: 20091130125456-19 Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: 20091130125456-19 Amount of Each Receipt this Period Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1916.59	— В.				Date of Receipt
City State Zip Code DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Suite 500, South Building City State Zip Code DC 20004 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Transaction ID: 20091110151710-19 Amount of Each Receipt this Period Amount of Each Receipt this Period DC 20094 Amount of Each Receipt this Period Bask 33.33 Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Occupation Vice President of Federal Policy and S		· · · · · · · · · · · · · · · · · · ·	State	Zip Code	Transaction ID: 20091110151710-19
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Lindy Hinman Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington FEC ID number of contributing federal political committee. Name of Employer Amount of Each Receipt this Period FEC ID number of Contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Occupation Vice President of Federal Policy and S Aggregate Year-to-Date ▼ 1916.59		Washington	DC	20004	Amount of Each Receipt this Period
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C. Full Name (Last, First, Middle Initial) Lindy Hinman Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt Transaction ID: 20091130125456-19 Amount of Each Receipt this Period 83.33 Cocupation Vice President of Federal Policy and S Plans Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1916.59			, ·	•	<u> </u>
Lindy Hinman Mailing Address 602 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt Transaction ID: 20091130125456-19 Amount of Each Receipt this Period 83.33			0 0		
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Receipt For: Primary Other (specify) Aggregate Year-to-Date 1916.59					
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SUBTOTAL of Receipts This Page (optional)			30 13 110		
552.57.25.1.656ptd 11161 ago (optional)		SURTOTAL of Receipts This Page (ontional)	[249.99
TOTAL This Period (last page this line number only)				·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 211 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lindy Hinman Mailing Address 602 Pennsylvania Ave Suite 500, South Build City	State Zip Code	Date of Receipt M
Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans	Occupation Vice President of Federal Policy and S	Amount of Each Receipt this Period 83.33
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1916.59	
Lindy Hinman Mailing Address 602 Pennsylvania Ave Suite 500, South Build City Washington		Date of Receipt M M
FEC ID number of contributing federal political committee. Name of Employer	C	83.33
America's Health Insurance Plans Receipt For: Primary General Other (specify)	Vice President of Federal Policy and S Aggregate Year-to-Date ▼ 1916.59	3
Full Name (Last, First, Middle Initial) Joni Hong-Schnur Mailing Address 601 Pennsylvania Ave	nue N.W.	Date of Receipt
Suite 500, South Build City Washington		0 7 1 5 2 0 0 9 Transaction ID: 2009071018017-21 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans Receipt For:	Occupation Senior Associate Counsel, Special Pro Aggregate Year-to-Date ▼	oj
Primary General Other (specify) ▼	1499.92	
SUBTOTAL of Receipts This Page (optional)	·····	187.49

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	for each	arate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 70 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report or for commercial purposes, other than u	s and Statements may not be solo sing the name and address of any	I or used by any perso political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plan	ns PAC (AHIP PAC)		
Full Name (Last, First, Middle Initial) Joni Hong-Schnur Mailing Address 601 Pennsylvan	ia Avenue N.W		Date of Receipt
Suite 500, South			07 31 2009
City	State Zip Co	de	Transaction ID: 2009072717019-21
Washington	DC 20004		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans	Occupation Senior Associate C	Counsel, Special Pr	oj
Receipt For:	Aggregate Year-to-Da	te 🔻	
Primary General Other (specify) ▼		1499.92	
Full Name (Last, First, Middle Initial) Joni Hong-Schnur			Date of Receipt
Mailing Address 601 Pennsylvan Suite 500, South	n Building		08 / 14 / 2009
City	State Zip Co		Transaction ID: 2009081114326-21
Washington	DC 20004		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans	Occupation Senior Associate C		oj
Receipt For:	Aggregate Year-to-Da	te ▼	
Primary General Other (specify) ▼	0 0 0 0	1499.92	
Full Name (Last, First, Middle Initial) Joni Hong-Schnur			Date of Receipt
Mailing Address 601 Pennsylvan Suite 500, South	n Building		08 / 31 / 2009
City Washington	State Zip Co DC 20004		Transaction ID: 200909039164-21
FEC ID number of contributing federal political committee.	C 20004		Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans	Occupation Senior Associate C	Counsel, Special Pr	oj
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	te ▼ 1499.92	
SUBTOTAL of Receipts This Page (opt	ional)	_	62.49
TOTAL This Period (last page this line			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 211 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	e name and ado	lress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Joni Hong-Schnur Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupatior Senior As	Zip Code 20004 n ssociate Counsel, Special Pr Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Joni Hong-Schnur Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For:	State DC C Occupatior Senior As	Zip Code 20004 1 Sesociate Counsel, Special Province Tear-to-Date ▼	Date of Receipt M M / D D / Y Y Y O D Transaction ID: 2009092994629-21 Amount of Each Receipt this Period 20.83
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Joni Hong-Schnur Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance		Zip Code 20004	Date of Receipt 10 15 2009 Transaction ID: 2009101210142-20 Amount of Each Receipt this Period 20.83
America's Health Insurance Plans Receipt For: Primary General Other (specify)	Aggregate	ssociate Counsel, Special Pr Year-to-Date ▼ 1499.92	62.49

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions
Americas Health Insurance Plans P	AC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Joni Hong-Schnur		Date of Receipt
Mailing Address 601 Pennsylvania Av S Building Suite 500		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: A4751192069E7CA
Washington	DC 20004-2601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
America's Healfh Insurance Plans	Senior Associate Counsel, Special	Proj
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1499.92	
Full Name (Last, First, Middle Initial) Joni Hong-Schnur		Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Bui		10 30 7 9 9
City	State Zip Code	Transaction ID: 20091026173011-20
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans	Occupation Senior Associate Counsel, Special	Proj
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1499.92	
Full Name (Last, First, Middle Initial) Joni Hong-Schnur		Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Bui		1 1 1 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20091110151710-20
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance	Occupation Senior Associate Counsel, Special	Proi
<u>Plans</u> Receipt For:	Aggregate Year-to-Date ▼	· '~
Primary General Other (specify) ▼	1499.92	
SUBTOTAL of Receipts This Page (optional)		1041.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC FO	orm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 211 (check only one) X
Any information copied from such or for commercial purposes, other NAME OF COMMITTEE (In Function Americas Health Insurance)	than using the name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle II Joni Hong-Schnur Mailing Address 601 Penns	nitial) ylvania Avenue N.W.		Date of Receipt
	South Building State DC	Zip Code 20004	1 1 3 0 2 0 0 9 Transaction ID: 20091130125456-20 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans Receipt For: Primary Genera Other (specify) ▼	Aggregate	ssociate Counsel, Special Preserve Year-to-Date 1499.92	oj
	ylvania Avenue N.W. South Building		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 20091210114025-19
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans Receipt For: Primary Genera Other (specify) ▼	Aggregate	ssociate Counsel, Special Pre Year-to-Date ▼ 1499.92	roj
Full Name (Last, First, Middle In Joni Hong-Schnur	,		Date of Receipt
	ylvania Avenue N.W. South Building		12 31 2009
City Washington	State DC	Zip Code 20004	Transaction ID: 20100104152628-19 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20004	20.83
Name of Employer America's Health Insurance Plans Receipt For:		ssociate Counsel, Special Pr	roj
Primary Genera Other (specify) ▼	00 0	e Year-to-Date ▼ 1499.92	
SUBTOTAL of Receipts This Pag	je (optional)		62.49

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAGE	Statements may not be sold or used by any personal sename and address of any political committee to C (AHIP PAC)	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Karen Ignagni Mailing Address 601 Pennsylvania Ave S Building, Suite 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004-2601 C Occupation President and CEO Aggregate Year-to-Date 5000.00	Date of Receipt 1 2 1 7 2 0 0 9 Transaction ID: AEE52636B40530E685 Amount of Each Receipt this Period 5000.00
Full Name (Last, First, Middle Initial) Joseph Imbimbo Mailing Address 474 Revere Beach Blv Apt 1105 City Revere FEC ID number of contributing federal political committee. Name of Employer Tufts Health Plan Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Alethia Jackson Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .		5333.33

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 211 (check only one) X
, A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Americas Health Insurance Plans PAC	C (AHIP PAC	()	
	Full Name (Last, First, Middle Initial) Alethia Jackson			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build	ling		07 31 2009
	City Washington	State DC	Zip Code 20004	Transaction ID: 2009072717019-22
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 83.33
	Name of Employer America's Health Insurance Plans Receipt For: Primary General	+	n sident, Federal Affairs e Year-to-Date ▼	
_	Other (specify) ▼ Full Name (Last, First, Middle Initial) Alethia Jackson	N.W.	0 0 0 0 0 0	Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build	ling	7: 0 !	08 14 2009
	City Washington	State DC	Zip Code 20004	Transaction ID: 2009081114326-22 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	LOGOT	83.33
	Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident, Federal Affairs	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1999.92	
_	Full Name (Last, First, Middle Initial) Alethia Jackson	1		Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			08 31 2009
	City	State	Zip Code	Transaction ID: 200909039164-22
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 83.33
	Name of Employer America's Health Insurance Plans		sident, Federal Affairs	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1999.92	
	SUBTOTAL of Receipts This Page (optional)			249.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Alethia Jackson Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance	State Zip Code DC 20004 C Occupation	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Plans Receipt For: Primary General Other (specify) ▼	Vice President, Federal Affairs Aggregate Year-to-Date ▼ 1999.92	
Full Name (Last, First, Middle Initial) Alethia Jackson Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Vice President, Federal Affairs Aggregate Year-to-Date 1999.92	83.33
Full Name (Last, First, Middle Initial) Alethia Jackson Mailing Address 601 Pennsylvania Ave Suite 500, South Build	enue N.W. ding State Zip Code	Date of Receipt M
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify)	Occupation Vice President, Federal Affairs Aggregate Year-to-Date 1999.92	
SUBTOTAL of Receipts This Page (optional) .		249.99

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 11
,	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	(AHIP PAC	()	
۸.	Full Name (Last, First, Middle Initial) Alethia Jackson			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			10 30 7 2009
	City	State DC	Zip Code	Transaction ID: 20091026173011-21
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 83.33
	Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n sident, Federal Affairs e Year-to-Date ▼ 1999.92	
	Full Name (Last, First, Middle Initial) Alethia Jackson Mailing Address 601 Pennsylvania Ave	nue N.W.		Date of Receipt
	Suite 500, South Build	ing	7: 0 1	11 13 2009
	City Washington	State DC	Zip Code 20004	Transaction ID: 20091110151710-21 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer America's Health Insurance Plans	Occupatio Vice Pres	n sident, Federal Affairs	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1999.92	
	Full Name (Last, First, Middle Initial) Alethia Jackson			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			11 30 YYYYY 2009
	City	State	Zip Code	Transaction ID: 20091130125456-21
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 83.33
	Name of Employer America's Health Insurance Plans		sident, Federal Affairs	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1999.92	
	SUBTOTAL of Receipts This Page (optional)			249.99

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 211 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	g the name and add	ress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Alethia Jackson			Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B City		Zip Code	12 15 2009 1 2 0 0 9
Washington	DC	20004	Transaction ID: 20091210114025-20 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance Plans	Occupation Vice Pres	ident, Federal Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1999.92	
Full Name (Last, First, Middle Initial) Alethia Jackson			Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B			12 31 2009
City	State	Zip Code	Transaction ID: 20100104152628-20
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Vice Pres	ident, Federal Affairs	
Receipt For: Primary General Other (specify) ▼	- ' '	Year-to-Date ▼ 1999.92	
Full Name (Last, First, Middle Initial) Scott Keefer			Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 2009071018017-23
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans		f Policy Development	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.08	
SUBTOTAL of Receipts This Page (option	al)		208.33

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 211 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	g the name and ado	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Scott Keefer Mailing Address 601 Pennsylvania	Avenue N.W		Date of Receipt
Suite 500, South E		Zip Code	0 7 3 1 2 0 0 9 Transaction ID: 2009072717019-23
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		of Policy Development Year-to-Date 1000.08	
Full Name (Last, First, Middle Initial) Scott Keefer Mailing Address 601 Pennsylvania			Date of Receipt 0 8 1 4 2 0 0 9
Suite 500, South E	State	Zip Code	Transaction ID: 2009081114326-23
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		of Policy Development Year-to-Date ▼ 1000.08	
Full Name (Last, First, Middle Initial) Scott Keefer			Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South E			08 / 31 / Y Y Y Y Y Y
City Washington	State DC	Zip Code	Transaction ID: 200909039164-23
FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans Receipt For:		n of Policy Development Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.08	
SUBTOTAL of Receipts This Page (option	al)		125.01

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	Check only one) X 11a
4	ny information copied from such Reports and for commercial purposes, other than using the	Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
K	NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	Solidi Contributions from Such Committee.
	Americas Health Insurance Plans PA	C (AHIP PAC	()	
	Full Name (Last, First, Middle Initial) Scott Keefer			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			09 / 15 / 2009
	City	State	Zip Code	Transaction ID: 20090911173131-23
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance Plans	Occupatio Director	n of Policy Development	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	-
	Primary General Other (specify) ▼		1000.08	
_	Full Name (Last, First, Middle Initial) Scott Keefer	_		Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			09 / 30 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 2009092994629-23
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance Plans	Occupatio Director	n of Policy Development	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.08	
	Full Name (Last, First, Middle Initial) Scott Keefer			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			10 15 2009
	City	State	Zip Code	Transaction ID: 2009101210142-22
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance Plans	Occupatio Director	n of Policy Development	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.08	
Γ				
1	SUBTOTAL of Receipts This Page (optional) .			125.01

SCHEDULE A (FEC FO ITEMIZED RECEIPTS	rm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such R or for commercial purposes, other the	eports and Statements ma an using the name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full Americas Health Insurance		C)	
Full Name (Last, First, Middle Ini Scott Keefer	ial)		Date of Receipt
	vania Avenue N.W. outh Building		10 30 2009
City Washington	State DC	Zip Code 20004	Transaction ID: 20091026173011-22 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	- + -	of Policy Development e Year-to-Date ▼ 1000.08	
Full Name (Last, First, Middle Ini Scott Keefer	ial)		Date of Receipt
	vania Avenue N.W. outh Building		M M / D D / Y Y Y Y Y 1 1 1 1 3 2 0 0 9
City	State	Zip Code	Transaction ID: 20091110151710-22
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Director	of Policy Development	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.08	
Full Name (Last, First, Middle Ini	ial)		Date of Receipt
	vania Avenue N.W. outh Building		1 1 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State DC	Zip Code	Transaction ID: 20091130125456-22
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Director	of Policy Development	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.08	
SUBTOTAL of Receipts This Page	(optional)		125.01
TOTAL This Period (last page this			

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 211 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	I Statements may not be sold or used by any personal he name and address of any political committee to AC (AHIP PAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Scott Keefer Mailing Address 601 Pennsylvania Av Suite 500, South Bui City Washington FEC ID number of contributing federal political committee.	venue N.W.	Date of Receipt 1 2 1 5 2 0 0 9 Transaction ID: 20091210114025-21 Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Director of Policy Development Aggregate Year-to-Date 1000.08]
Full Name (Last, First, Middle Initial) Scott Keefer Mailing Address 601 Pennsylvania Av Suite 500, South Bui		Date of Receipt 1 2 0 0 9
City	State Zip Code	Transaction ID: 20100104152628-21
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Director of Policy Development Aggregate Year-to-Date 1000.08	
Full Name (Last, First, Middle Initial) Jean Knapp		Date of Receipt
Mailing Address 59 Hunter Ln		08 03 7 2009
City Lancaster	State Zip Code MA 01523-3041	Transaction ID: 61C65ACDD9CCE45 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Tufts Health Plan	Occupation AVP Budgeting & Financial Planning	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
CURTOTAL of Descripts This Days (astisms)		333.34

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 211 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P	d Statements may not be sold or used by any per the name and address of any political committee AC (AHIP PAC)	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Umesh Kurpad Mailing Address 47 Durham Rd		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Skillman FEC ID number of contributing federal political committee.	State Zip Code NJ 08558-1806	Transaction ID: 84720D80AF3C2C0C Amount of Each Receipt this Period 500.00
Name of Employer Tufts Health Plan Receipt For: Primary General Other (specify) ▼	Occupation CFO Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Barbara Lardy Mailing Address 601 Pennsylvania A Suite 500, South Bu	ilding	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington FEC ID number of contributing federal political committee.	State Zip Code DC 20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Senior Vice President, Clinical Affai Aggregate Year-to-Date ▼ 1000.08	r
Full Name (Last, First, Middle Initial) Barbara Lardy Mailing Address 601 Pennsylvania A	Lucava NIW	Date of Receipt
Suite 500, South Bu	ilding	07 31 2009
City Washington	State Zip Code DC 20004	Transaction ID: 2009072717019-24 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Senior Vice President, Clinical Affai Aggregate Year-to-Date ▼ 1000.08	r
SUBTOTAL of Receipts This Page (optional)	583.34

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 211 (check only one) X 11a 11b 11c 12
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may the name and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans F	PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Barbara Lardy			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu	Avenue N.W. uilding		08 14 2009
City	State	Zip Code	Transaction ID: 2009081114326-24
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer	Occupation	1	
America's Health Insurance <u>Plans</u>	Senior Vi	ce President, Clinical Affair	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.08	
Full Name (Last, First, Middle Initial) Barbara Lardy	I		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			08 / 31 / 4 4 4 4 4
City	State	Zip Code	Transaction ID: 200909039164-24
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Vi	n ce President, Clinical Affair	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.08	
Full Name (Last, First, Middle Initial) Barbara Lardy			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			09 / 15 / Y Y Y Y
City	State	Zip Code	Transaction ID: 20090911173131-2
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Vi	n ce President, Clinical Affair	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1000.08	
SUBTOTAL of Receipts This Page (optiona	l)		125.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	ne name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Barbara Lardy Mailing Address 601 Pennsylvania Av Suite 500, South Buil City Washington FEC ID number of contributing federal political committee.		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼	Occupation Senior Vice President, Clinical Affa Aggregate Year-to-Date ▼ 1000.08	ir
Full Name (Last, First, Middle Initial) Barbara Lardy Mailing Address 601 Pennsylvania Av Suite 500, South Buil City	ding State Zip Code	Date of Receipt 10 15 2009101210142-23
Washington FEC ID number of contributing federal political committee. Name of Employer	C 20004 Occupation	Amount of Each Receipt this Period 41.67
America's Health Insurance Plans Receipt For: Primary General Other (specify)	Senior Vice President, Clinical Affa Aggregate Year-to-Date ▼ 1000.08	ir
Full Name (Last, First, Middle Initial) Barbara Lardy Mailing Address 601 Pennsylvania Av	onuo N.W	Date of Receipt
Suite 500, South Buil	ding State Zip Code	10 30 2009 Transaction ID: 20091026173011-23
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Senior Vice President, Clinical Affa Aggregate Year-to-Date ▼ 1000.08	ir
SUBTOTAL of Receipts This Page (optional)	1	125.01

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committee	son for the purpose of soliciting contributions
Americas Health Insurance Plans PA	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Barbara Lardy Mailing Address 601 Pennsylvania Ave	Spuc N W	Date of Receipt
Suite 500, South Build	ling	11 13 2009
City	State Zip Code	Transaction ID: 20091110151710-23
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, Clinical Affai	r
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	
Full Name (Last, First, Middle Initial) Barbara Lardy		Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build		111 30 7 2009
City	State Zip Code	Transaction ID: 20091130125456-23
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, Clinical Affai	r
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	
Full Name (Last, First, Middle Initial) Barbara Lardy	1	Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build		12 15 Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20091210114025-22
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, Clinical Affai	r
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.08	
		125.01

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and addres	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Barbara Lardy Mailing Address 601 Pennsylvania Average Suite 500, South Buildi City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	nue N.W. ing State DC C Occupation Senior Vice	Zip Code 20004 President, Clinical Affair ear-to-Date ▼	Date of Receipt M M 2 0 0 9
Full Name (Last, First, Middle Initial) Larry Larson Mailing Address 601 Pennsylvania Average Suite 500, South Buildi City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Director, Op	Zip Code 20004 perations and Claims ear-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 7 1 5 2 0 0 9 Transaction ID: 2009071018017-25 Amount of Each Receipt this Period 41.67
Full Name (Last, First, Middle Initial) Larry Larson Mailing Address 601 Pennsylvania Average Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For:	State DC C Occupation Director, Op	Zip Code 20004 perations and Claims ear-to-Date ▼	Date of Receipt M M M J D D J D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) SUBTOTAL of Receipts This Page (optional)		833.36	125.01

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 211 (check only one) X
7	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAG	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
/	,	(Anip Pac	·)	
۱.	Full Name (Last, First, Middle Initial) Larry Larson Mailing Address 601 Pennsylvania Ave	nuo N W		Date of Receipt
	Suite 500, South Build	ding		08 14 2009
	City	State	Zip Code	Transaction ID: 2009081114326-25
	Washington FEC ID number of contributing	C	20004	Amount of Each Receipt this Period 41.67
	federal political committee.			
	Name of Employer America's Health Insurance Plans	Occupation Director,	n Operations and Claims	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		833.36	
	Full Name (Last, First, Middle Initial) Larry Larson			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			0 8 3 1 2 0 0 9
	City	State	Zip Code	Transaction ID: 200909039164-25
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance	Occupation	n Operations and Claims	
	<u>Plans</u> Receipt For:	, '	e Year-to-Date ▼	
	Primary General Other (specify) ▼		833.36	
. -	Full Name (Last, First, Middle Initial) Larry Larson			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			09 15 2009
	City	State	Zip Code	Transaction ID: 20090911173131-25
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance Plans	Occupation Director,	n Operations and Claims	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		833.36	
Γ	SUBTOTAL of Receipts This Page (optional)	1		125.01

	EHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 211 (check only one)
Any or f	r information copied from such Reports and S or commercial purposes, other than using the	tatements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)	Tidino and adv	droop or any pointed committee to	Control Control Control Control Control
\	Americas Health Insurance Plans PAC	C (AHIP PAC	()	
	Full Name (Last, First, Middle Initial) Larry Larson			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			09 / 30 / 4 9 9
	City Manakington	State	Zip Code	Transaction ID: 2009092994629-25
Ī	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance Plans	, '	Operations and Claims	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 833.36	
	Full Name (Last, First, Middle Initial) Larry Larson			Date of Receipt
Ī	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			10 15 2009
	City	State	Zip Code	Transaction ID: 2009101210142-24
-	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance Plans	Occupatio Director,	n Operations and Claims	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		833.36	
	Full Name (Last, First, Middle Initial) Larry Larson			Date of Receipt
-	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20091026173011-24
-	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.67
	Name of Employer America's Health Insurance Plans		Operations and Claims	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify)		833.36	
	JBTOTAL of Receipts This Page (optional)	<u>I</u>		125.01

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 211 (check only one) X
4	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Americas Health Insurance Plans PAC	C (AHIP PAC	()	
٧.	Full Name (Last, First, Middle Initial) Larry Larson			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			11 1 13 2009
	City Washington	State DC	Zip Code 20004	Transaction ID: 20091110151710-24 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		Operations and Claims Year-to-Date 833.36	
_	Full Name (Last, First, Middle Initial) Larry Larson Mailing Address 601 Pennsylvania Ave	nue N W		Date of Receipt
	Suite 500, South Build	ling	7:- O-d-	11 30 2009
	City Washington	State DC	Zip Code 20004	Transaction ID: 20091130125456-24 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance Plans	Occupatio Director,	n Operations and Claims	
	Receipt For: Primary General Other (specify)	, '	Year-to-Date ▼ 833.36	
_	Full Name (Last, First, Middle Initial) Larry Larson			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			12 15 2009
	City	State DC	Zip Code 20004	Transaction ID: 20091210114025-23
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance Plans	, '	Operations and Claims	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 833.36	
	SUBTOTAL of Receipts This Page (optional)			125.01

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and add	ress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Larry Larson Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Director, (Zip Code 20004 Operations and Claims Year-to-Date 833.36	Date of Receipt 1 2 3 1 2 0 0 9 Transaction ID: 20100104152628-23 Amount of Each Receipt this Period 41.67
Full Name (Last, First, Middle Initial) Jeff Lemieux Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For:	State DC C Occupation Svp, Cent	Zip Code 20004	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) Full Name (Last, First, Middle Initial) Jeff Lemieux Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For:	nue N.W. ing State DC C Occupation Svp, Cent	3000.00 Zip Code 20004	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		3000.00	291.67

SCHEDULE A (FEC FOITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 92 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such R or for commercial purposes, other the	ports and Statements may not be sold or used by any pers an using the name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full Americas Health Insurance	Plans PAC (AHIP PAC)	
Full Name (Last, First, Middle Ini Jeff Lemieux	al)	Date of Receipt
	vania Avenue N.W. outh Building	0 8 1 4 2 0 0 9
City Washington	State Zip Code DC 20004	Transaction ID: 2009081114326-26
FEC ID number of contributing federal political committee.	C 20004	Amount of Each Receipt this Period 125.00
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Svp, Center for Health Policy & Rese Aggregate Year-to-Date ▼ 3000.00	ear
	vania Avenue N.W.	Date of Receipt
Suite 500, S	outh Building State Zip Code	0 8 3 1 2 0 0 9 Transaction ID: 200909039164-26
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼	Occupation Svp, Center for Health Policy & Rese Aggregate Year-to-Date ▼ 3000.00	ear
Full Name (Last, First, Middle Ini	al)	Pate (Pareir
Jeff Lemieux Mailing Address 601 Pennsy Suite 500. S	vania Avenue N.W. outh Building	Date of Receipt 0 9 1 5 2 0 0 9
City	State Zip Code	Transaction ID: 20090911173131-26
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 125.00
Name of Employer America's Health Insurance Plans Receipt For:	Occupation Svp, Center for Health Policy & Rese Aggregate Year-to-Date ▼	ear
Primary General Other (specify) ▼	3000.00	
SUBTOTAL of Receipts This Page	(optional)	375.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each ca	ate schedule(s) tegory of the ummary Page	FOR LINE NUMBER: PAGE 93 / 211 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAG	name and address of any po	r used by any person olitical committee to s	for the purpose of soliciting contributions colicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jeff Lemieux Mailing Address 601 Pennsylvania Ave Suite 500, South Build City	ing State Zip Code		Date of Receipt 0 9 3 0 2 0 0 9 Transaction ID: 2009092994629-26
Washington FEC ID number of contributing federal political committee.	DC 20004	0 0	Amount of Each Receipt this Period 125.00
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Svp, Center for Healt Aggregate Year-to-Date		r
Full Name (Last, First, Middle Initial) Jeff Lemieux Mailing Address 601 Pennsylvania Ave			Date of Receipt
Suite 500, South Build City Washington	State Zip Code DC 20004		Transaction ID: 2009101210142-25 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		125.00
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Svp, Center for Healt Aggregate Year-to-Date	-	<u>r</u>
Full Name (Last, First, Middle Initial) Jeff Lemieux			Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build			10 30 2001 2009
Washington	DC 20004		Transaction ID: 20091026173011-25 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer America's Health Insurance Plans	Occupation Svp, Center for Healt	•	<u>r</u>
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	3000.00	
SUBTOTAL of Receipts This Page (optional)		_	375.00
TOTAL This Period (last page this line number	only)	•	

	ILE A (FEC Form 3) D RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	Check only one
Any information	on copied from such Reports ar	nd Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF	COMMITTEE (In Full) s Health Insurance Plans F		· ·	
Full Name Jeff Lemieu	(Last, First, Middle Initial)			Date of Receipt
Mailing Ad				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washing	ıton	State DC	Zip Code 20004	Transaction ID: 20091110151710-25 Amount of Each Receipt this Period
FEC ID nu	umber of contributing itical committee.	С		125.00
Plans Receipt Fo		 	n hter for Health Policy & Resea Year-to-Date ▼ 3000.00	ar
Full Name Jeff Lemieu Mailing Ad		Avenue N W		Date of Receipt
	Suite 500, South B	uilding	7:n Codo	11 30 2009
City <u>Washing</u>	iton	State DC	Zip Code 20004	Transaction ID: 20091130125456-25 Amount of Each Receipt this Period
	umber of contributing itical committee.	C		125.00
Name of E America's Plans	mployer Health Insurance	Occupation Svp, Cer	n Iter for Health Policy & Resea	ar
Receipt For Prim Other		Aggregate	Year-to-Date ▼ 3000.00	
Full Name Jeff Lemieu	(Last, First, Middle Initial)			Date of Receipt
Mailing Ad	ldress 601 Pennsylvania A Suite 500, South B			12 15 2009
City Was hing	ıton	State DC	Zip Code 20004	Transaction ID: 20091210114025-24 Amount of Each Receipt this Period
FEC ID nu	ımber of contributing itical committee.	C		125.00
<u>Plans</u>	mployer Health Insurance		ter for Health Policy & Research	ar
Receipt Fo		Aggregate	Year-to-Date ▼ 3000.00	
SUBTOTAL	of Receipts This Page (optional	al)		375.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 95 / 211 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	ng the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)		,	
. Jeff Lemieux Mailing Address 601 Pennsylvania Suite 500, South I			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Washington	State DC	Zip Code 20004	Transaction ID: 20100104152628-24 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer America's Health Insurance Plans Receipt For:		ter for Health Policy & Rese	ar
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Initial) Beth Leonard Mailing Address 601 Depositive nice	Avenue NIW		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South I			07 15 2009
City	State	Zip Code	Transaction ID: 2009071018017-27
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	- ' '	rector Public Affairs	
Receipt For: Primary General Other (specify) ♥	Aggregate	Year-to-Date ▼ 1000.08	
Full Name (Last, First, Middle Initial) Beth Leonard	<u> </u>		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South I	Building	7: 0.1	07 31 2009
City Washington	State DC	Zip Code 20004	Transaction ID: 2009072717019-27 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20004	41.67
Name of Employer America's Health Insurance Plans		rector Public Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.08	
SUBTOTAL of Receipts This Page (option	nal)		208.34

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 96 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P	PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Beth Leonard		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu		08 14 2009
City Washington	State Zip Code DC 20004	Transaction ID: 2009081114326-27 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans Receipt For:	Occupation Senior Director Public Affairs Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.08	
Full Name (Last, First, Middle Initial) Beth Leonard	NIM	Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu	uilding	08 / 08 / 2009
City Washington	State Zip Code DC 20004	Transaction ID: 200909039164-27
FEC ID number of contributing federal political committee.	C 20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Director Public Affairs	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.08	
Full Name (Last, First, Middle Initial) Beth Leonard		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu	Avenue N.W. uilding	09 / 15 / Y Y Y Y Y Y
City Washington	State Zip Code DC 20004	Transaction ID: 20090911173131-2 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans Receipt For:	Occupation Senior Director Public Affairs Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.08	
SUBTOTAL of Receipts This Page (optiona	I)	125.01

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	(Check only one)
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	e name and address of any political commi	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Beth Leonard Mailing Address 601 Pennsylvania Av. Suite 500, South Built		Date of Receipt M
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Senior Director Public Affairs Aggregate Year-to-Date 1000.08	
Full Name (Last, First, Middle Initial) Beth Leonard Mailing Address 601 Pennsylvania Ave Suite 500, South Buil		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20004	Transaction ID: 2009101210142-26 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Senior Director Public Affairs Aggregate Year-to-Date 1000.08	8
Full Name (Last, First, Middle Initial) Beth Leonard		Date of Receipt
Mailing Address 601 Pennsylvania Av- Suite 500, South Build	ding	10 30 2009
City <u>Washington</u>	State Zip Code DC 20004	Transaction ID: 20091026173011-26 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans Receipt For:	Occupation Senior Director Public Affairs Aggregate Year-to-Date	
Primary General Other (specify)	1000.0	8
SUBTOTAL of Receipts This Page (optional)		125.01

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 98 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Americas Health Insurance Plans PAC	C (AHIP PAC	;)	
۱.	Full Name (Last, First, Middle Initial) Beth Leonard			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			11 1 13 / 2009
	City	State DC	Zip Code	Transaction ID: 20091110151710-26
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		irector Public Affairs Year-to-Date 1000.08	
-	Full Name (Last, First, Middle Initial) Beth Leonard Mailing Address 601 Pennsylvania Ave	nue N W		Date of Receipt
	Suite 500, South Building			11 30 2009
	City Washington	State DC	Zip Code 20004	Transaction ID: 20091130125456-26 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance Plans	Occupation Senior Di	n irector Public Affairs	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.08]
_	Full Name (Last, First, Middle Initial) Beth Leonard			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			12 15 2009
	City Washington	State DC	Zip Code 20004	Transaction ID: 20091210114025-25
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance Plans		irector Public Affairs	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.08	
Γ	SUBTOTAL of Receipts This Page (optional)	•		125.01

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 99 / 211 (check only one)
,	Any information copied from such Reports and or for commercial purposes, other than using the	Statements magne name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	.C (AHIP PAC	;)	
∠ A.	Full Name (Last, First, Middle Initial) Beth Leonard			Date of Receipt
	Mailing Address 601 Pennsylvania Av Suite 500, South Buil	1 2 D D / Y Y Y Y Y Y Y 2 0 0 9		
	City Washington	State DC	Zip Code 20004	Transaction ID: 20100104152628-25 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance Plans	Occupatio Senior D	n irector Public Affairs	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.08	
– В.	Full Name (Last, First, Middle Initial) Kristin Lewis			Date of Receipt
	Mailing Address 705 Mount Auburn St	reet		08 04 2009
	City Watertown	State MA	Zip Code 02472-1508	Transaction ID: F8D9505C4B983945D8 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Tufts Health Plan	Occupatio Director,	n Public Policy & Gov't Affair	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
_ C.	Full Name (Last, First, Middle Initial) Holly Macmoran			Date of Receipt
	Mailing Address 601 Pennsylvania Av Suite 500, South Buil			07 15 2009
	City Washington	State DC	Zip Code 20004	Transaction ID: 2009071018017-29 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.83
	Name of Employer America's Health Insurance Plans		Manager	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 499.92	
	SUBTOTAL of Receipts This Page (optional)			312.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each	parate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 100 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	e name and address of any	d or used by any perso political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Holly Macmoran Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General		ate V	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Holly Macmoran Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: □ Primary □ General Other (specify) ▼	Occupation Program Manager Aggregate Year-to-Da	ate ▼ 499.92	20.83
Full Name (Last, First, Middle Initial) Holly Macmoran Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington	State Zip Co DC 20004		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Program Manager Aggregate Year-to-Da	ate ▼ 499.92	20.83
SUBTOTAL of Receipts This Page (optional) .	I	>	62.49

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 101 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 17		
or for commercial purposes, other than usi	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	PAC (AHIP PAC)			
Full Name (Last, First, Middle Initial) Holly Macmoran		Date of Receipt		
Mailing Address 601 Pennsylvania Suite 500, South		09 15 2009		
City	State Zip Code	Transaction ID: 20090911173131-29		
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 20.83		
Name of Employer America's Health Insurance Plans Receipt For:	Occupation Program Manager Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	Aggregate Year-to-Date 499.92			
Full Name (Last, First, Middle Initial) Holly Macmoran	•	Date of Receipt		
	ing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			
City	State Zip Code	Transaction ID: 2009092994629-29		
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 20.83		
Name of Employer America's Health Insurance Plans	Occupation Program Manager			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92			
Full Name (Last, First, Middle Initial) Holly Macmoran		Date of Receipt		
Mailing Address 601 Pennsylvania Suite 500, South		10 15 2009		
City	State Zip Code	Transaction ID: 2009101210142-28		
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 20.83		
Name of Employer America's Health Insurance Plans	Occupation Program Manager			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92			
SUBTOTAL of Receipts This Page (option	nal)	62.49		
TOTAL This Period (last page this line nu	umber only)			

SCHEDULE A (FEC Form : ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
or for commercial purposes, other than us	and Statements may not be sold or used by any peng the name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) Americas Health Insurance Plan:	s PAC (AHIP PAC)		
Full Name (Last, First, Middle Initial) Holly Macmoran		Date of Receipt	
Mailing Address 601 Pennsylvania Suite 500, South		10 30 7 4 9 9	
City	State Zip Code	Transaction ID: 20091026173011-28	
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 20.83	
Name of Employer America's Health Insurance Plans	Occupation Program Manager		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92		
Full Name (Last, First, Middle Initial) Holly Macmoran		Date of Receipt	
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		
City	State Zip Code	Transaction ID: 20091110151710-28	
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 20.83	
Name of Employer America's Health Insurance Plans	Occupation Program Manager		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92		
Full Name (Last, First, Middle Initial) Holly Macmoran		Date of Receipt	
Mailing Address 601 Pennsylvania Suite 500, South		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 20091130125456-28	
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 20.83	
Name of Employer America's Health Insurance Plans	Occupation Program Manager		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92		
SUBTOTAL of Receipts This Page (optic	onal)	62.49	
TOTAL This Period (last page this line n			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 / 211 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	ne name and addr	not be sold or used by any pers ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Holly Macmoran Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For:	State DC C Occupation Program	Zip Code 20004 Manager Year-to-Date ▼	Date of Receipt 12 15 2009 Transaction ID: 20091210114025-27 Amount of Each Receipt this Period 20.83
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		499.92	
Holly Macmoran Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For:	State DC C Occupation Program	Zip Code 20004 Manager Year-to-Date ▼	Date of Receipt 1 2 3 1 2 0 0 9 Transaction ID: 20100104152628-27 Amount of Each Receipt this Period 20.83
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Debi Manning Mailing Address 601 Pennsylvania Avo	enue N.W.	499.92	Date of Receipt
Suite 500, South Build City Washington	ding State DC	Zip Code 20004	7 1 5 2 0 0 9 Transaction ID: 2009071018017-30 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		f Human Resources Year-to-Date ▼	41.67
SUBTOTAL of Receipts This Page (optional)			83.33

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each	parate schedule(s) h category of the d Summary Page	FOR LINE NUMBER: PAGE 104 / 211 (check only one)
Any information copied from such Reports or for commercial purposes, other than usi	and Statements may not be so	ld or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	ig the name and address of an	ny pontical committee to	Solicit Contributions from Such Committee.
Americas Health Insurance Plans	PAC (AHIP PAC)		
Full Name (Last, First, Middle Initial) Debi Manning			Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South			07 / 31 / 2009
City	State Zip C	ode	Transaction ID: 2009072717019-30
Washington	DC 2000	4	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer America's Health Insurance Plans	Occupation Director of Human	n Resources	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	786.72	
Full Name (Last, First, Middle Initial) Debi Manning	1		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip C	ode	Transaction ID: 2009081114326-30
Washington	DC 2000	4	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer America's Health Insurance Plans	Occupation Director of Humar	n Resources	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	786.72	
Full Name (Last, First, Middle Initial) Debi Manning			Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South			08 31 7 2009
City	State Zip C	ode	Transaction ID: 200909039164-30
Washington	DC 2000	4	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer America's Health Insurance Plans	Occupation Director of Human	n Resources	
Receipt For:	Aggregate Year-to-D		
Primary General Other (specify) ▼		786.72	

SCHEDULE A (FEC FOI ITEMIZED RECEIPTS	(III 3A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 105 / 211 (check only one)
Any information copied from such Re	eports and Statements may	not be sold or used by any perso	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		diess of any political committee to	5 SOUCH CONTINUED TO THE SUCH CONTINUES.
Americas Health Insurance		;)	
Full Name (Last, First, Middle Init Debi Manning	al)		Date of Receipt
	vania Avenue N.W. outh Building		09 15 2009
City	State	Zip Code	Transaction ID: 20090911173131-30
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation Director of	n of Human Resources	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 786.72	
Full Name (Last, First, Middle Init	al)		Date of Receipt
	vania Avenue N.W. outh Building		09 30 7 2009
City	State	Zip Code	Transaction ID: 2009092994629-30
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation Director	n of Human Resources	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 786.72	
Full Name (Last, First, Middle Init	al)		Date of Receipt
Mailing Address 601 Pennsyl	vania Avenue N.W. outh Building		10 15 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 2009101210142-29
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance	Occupation Director	n of Human Resources	
<u>Plans</u> Receipt For:		Year-to-Date V	1
Primary General	7.55.39dio		7
Other (specify) ▼	0 0	786.72	
SUBTOTAL of Receipts This Page	<u>'</u>		125.01

SCHEDULE A (ITEMIZED REC	•	Use separate sol for each category Detailed Summa	hedule(s) (ch	HELINE NUMBER: PAGE 106 / 211 Heck only one) 1 11a
Any information copied to	rom such Reports and Staten	nents may not be sold or used	by any person for	the purpose of soliciting contributions t contributions from such committee.
NAME OF COMMIT		c and address of any pointed	Committee to Solloi	t donaribations from sacri committee.
1 \	Insurance Plans PAC (Al	HP PAC)		
Full Name (Last, Firs Debi Manning	t, Middle Initial)			Date of Receipt
	01 Pennsylvania Avenue uite 500, South Building	N.W.		10 30 7 2009
City		State Zip Code		Transaction ID: 20091026173011-29
Washington		DC 20004		Amount of Each Receipt this Period
FEC ID number of confederal political comme		C		41.67
Name of Employer America's Health Ins Plans	uranco	ccupation Firector of Human Resoul	rces	
Receipt For: Primary Other (specify)	General	ggregate Year-to-Date ▼	786.72	
Full Name (Last, First Debi Manning	t, Middle Initial)			Date of Receipt
	1 Pennsylvania Avenue uite 500, South Building	N.W.		M M / D D / Y Y Y Y Y 1 1 1 3 2 0 0 9
City		State Zip Code		Transaction ID: 20091110151710-29
Washington		DC 20004		Amount of Each Receipt this Period
FEC ID number of confederal political comm		C		41.67
Name of Employer America's Health Ins Plans		ccupation virector of Human Resour	rces	
Receipt For:		aggregate Year-to-Date ▼		
Primary Other (specify)	General ▼		786.72	
Full Name (Last, Firs	t, Middle Initial)			Date of Receipt
Mailing Address 6	01 Pennsylvania Avenue uite 500, South Building	N.W.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State Zip Code		Transaction ID: 20091130125456-29
Washington		DC 20004		Amount of Each Receipt this Period
FEC ID number of confederal political comm		C		41.67
Name of Employer America's Health Ins Plans		ccupation irector of Human Resoul	rces	
Receipt For:		aggregate Year-to-Date ▼		
Other (specify)	General ▼		786.72	
				125.01

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107 / 211 (check only one) X
c C	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Americas Health Insurance Plans PAG	C (AHIP PAC	;)	
۱.	Full Name (Last, First, Middle Initial) Debi Manning			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			12 15 2009
	City	State	Zip Code	Transaction ID: 20091210114025-28
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance Plans	Occupatio Director	n of Human Resources	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	786.72	
_	Full Name (Last, First, Middle Initial) Debi Manning			Date of Receipt
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			12 31 2009
	City	State	Zip Code	Transaction ID: 20100104152628-28
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance	Occupatio Director	n of Human Resources	
	Plans Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		786.72	
_	Full Name (Last, First, Middle Initial) Stephanie Martin Toe			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			11 13 2009
	City	State	Zip Code	Transaction ID: 20091110151710-30
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer America's Health Insurance Plans	Occupatio Program	n Manager	
	Receipt For:	Aggregate	Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	240.00	
	SUBTOTAL of Receipts This Page (optional)	1		93.34

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 / 211 (check only one) X	
or for commercial purposes, other than using	and Statements may not be sold or used by any perso g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	PAC (AHIP PAC)		
Full Name (Last, First, Middle Initial) Stephanie Martin Toe		Date of Receipt	
Mailing Address 601 Pennsylvania Suite 500, South B		11 30 2009	
City	State Zip Code	Transaction ID: 20091130125456-30	
Washington	DC 20004	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	10.00	
Name of Employer America's Health Insurance Plans	Occupation Program Manager		
Receipt For: Primary General	Aggregate Year-to-Date ▼ 240.00		
Other (specify) ▼	240.00		
Full Name (Last, First, Middle Initial) Stephanie Martin Toe		Date of Receipt	
Suite 500, South B	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		
City	State Zip Code	Transaction ID: 20091210114025-29	
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period	
Name of Employer America's Health Insurance Plans	Occupation Program Manager		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	240.00		
Full Name (Last, First, Middle Initial) Stephanie Martin Toe		Date of Receipt	
Mailing Address 601 Pennsylvania Suite 500, South B		12 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 20100104152628-29	
Washington	DC 20004	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	10.00	
Name of Employer America's Health Insurance Plans	Occupation Program Manager		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		
SUBTOTAL of Receipts This Page (option	al)	30.00	
TOTAL This Period (last page this line nur			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 109 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P	d Statements may not be sold or used by any personal the name and address of any political committee to AC (AHIP PAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kevin McCarthy Mailing Address 2211 Congress Stree City Portland FEC ID number of contributing federal political committee. Name of Employer Unum Group Receipt For:	State Zip Code ME 04102-1955 C Occupation President & CEO Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Anthony Meoni	2000.00	Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		Transaction ID: 20091026173011-32 Amount of Each Receipt this Period 10.50
Full Name (Last, First, Middle Initial) Anthony Meoni Mailing Address 601 Pennsylvania A Suite 500, South Bu City Washington	State Zip Code DC 20004	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Vice President, IT Aggregate Year-to-Date 252.00	10.50
SUBTOTAL of Receipts This Page (optional)	2021.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 110 / 211 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Anthony Meoni Mailing Address 601 Pennsylvania A Suite 500, South Bu			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington FEC ID number of contributing federal political committee.	State DC	Zip Code 20004	Transaction ID: 20091130125456-32 Amount of Each Receipt this Period 10.50
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Vice Pres		
Full Name (Last, First, Middle Initial) Anthony Meoni Mailing Address 601 Pennsylvania A Suite 500, South Bu	uilding	7.0.1	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Washington FEC ID number of contributing federal political committee.	State DC	Zip Code 20004	Transaction ID: 20091210114025-31 Amount of Each Receipt this Period 10.50
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Vice Pres Aggregate		
Full Name (Last, First, Middle Initial) Anthony Meoni Mailing Address 601 Pennsylvania A	Avenue N W		Date of Receipt
Suite 500, South Bu		Zip Code	12 31 2009
Washington	DC DC	20004	Transaction ID: 20100104152628-3 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.50
Name of Employer America's Health Insurance Plans Receipt For:	Occupation Vice Pres		
Primary General Other (specify) ▼	0 0	252.00	
SUBTOTAL of Receipts This Page (optional	·		31.50

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 111 / 211 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
Americas Health Insurance Plans F	PAC (AHIP PAC	;)	
Full Name (Last, First, Middle Initial) Thomas Meyers	Date of Receipt		
Mailing Address 601 Pennsylvania A Suite 500, South B			07 15 2009
City	State DC	Zip Code	Transaction ID: 2009071018017-34
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 20.00
Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director Product Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) Thomas Meyers			Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			07 / 31 / 2009
City Washington	State DC	Zip Code 20004	Transaction ID: 2009072717019-34 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director Product Policy	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) Thomas Meyers	Date of Receipt		
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State DC	Zip Code 20004	Transaction ID: 2009081114326-34 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20004	20.00
Name of Employer America's Health Insurance Plans	- ' '	e Director Product Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	
SUBTOTAL of Receipts This Page (optional	al)		60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 112 / 211 (check only one) X
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAGE	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	enue N.W.	Date of Receipt M M D D 2 0 0 9
Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y O 9 3 0 2 0 0 9 Transaction ID: 2009092994629-34 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional) .		60.00

Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Washington DC FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Thomas Meyers Aggreg	AC) Zip Code 20004	Date of Receipt Date of Receipt Transaction ID: 20091026173011-33 Amount of Each Receipt this Period Date of Receipt 20091026173011-33 Amount of Each Receipt this Period 20.00			
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP P Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Washington DC FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Washington DC FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Zip Code 20004 tion ive Director Product Policy ate Year-to-Date 480.00	Date of Receipt M			
Americas Health Insurance Plans PAC (AHIP P Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Washington DC FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Washington DC FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Zip Code 20004 tion ive Director Product Policy ate Year-to-Date ▼ 480.00	Transaction ID: 2009101210142-33 Amount of Each Receipt this Period 20.00 Date of Receipt 1 0 3 0 2 0 0 9 Transaction ID: 20091026173011-33 Amount of Each Receipt this Period			
Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Washington DC FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Aggreg Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Washington DC FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Aggreg Primary General Occupa Execut Name of Employer America's Health Insurance Plans Receipt For: Aggreg Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	20004 tion ive Director Product Policy ate Year-to-Date ▼ 480.00 Zip Code	Transaction ID: 2009101210142-33 Amount of Each Receipt this Period 20.00 Date of Receipt 1 0 3 0 2 0 0 9 Transaction ID: 20091026173011-33 Amount of Each Receipt this Period			
Suite 500, South Building City State Washington DC FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Aggreg Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Washington DC FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: C Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	20004 tion ive Director Product Policy ate Year-to-Date ▼ 480.00 Zip Code	1 0			
Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	20004 tion ive Director Product Policy ate Year-to-Date ▼ 480.00 Zip Code	Date of Receipt Date of Receipt			
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Washington DC FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	tion ive Director Product Policy ate Year-to-Date ▼ 480.00 Zip Code	Date of Receipt M M M			
Receipt For: Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	ive Director Product Policy ate Year-to-Date ▼ 480.00 Zip Code	Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Plans Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Washington DC FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	ive Director Product Policy ate Year-to-Date ▼ 480.00 Zip Code	Transaction ID: 20091026173011-33 Amount of Each Receipt this Period			
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Washington DC FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	480.00 Zip Code	Transaction ID: 20091026173011-33 Amount of Each Receipt this Period			
Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Washington DC FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	Zip Code	Transaction ID: 20091026173011-33 Amount of Each Receipt this Period			
Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Washington DC FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	•	Transaction ID: 20091026173011-33 Amount of Each Receipt this Period			
Suite 500, South Building City State Washington DC FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	•	1 0 3 0 2 0 0 9 Transaction ID: 20091026173011-33 Amount of Each Receipt this Period			
Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	•	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	20004				
Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building		20.00			
America's Healfh Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building					
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	tion ive Director Product Policy				
Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	ate Year-to-Date ▼				
Thomas Meyers Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	480.00]			
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building					
City State	Mailing Address 601 Pennsylvania Avenue N.W.				
	Zip Code	Transaction ID: 20091110151710-33			
Washington DC	20004	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		20.00			
Name of Employer America's Health Insurance Plans Occupa Execu	tion ive Director Product Policy				
	ate Year-to-Date ▼				
Primary General Other (specify) ▼	480.00				
SUBTOTAL of Receipts This Page (optional)		60.00			

ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 114 / 211 (check only one)		
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	PAC (AHIP PAC	;)			
Full Name (Last, First, Middle Initial) Thomas Meyers					
Mailing Address 601 Pennsylvania A Suite 500, South Bu			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Washington	State DC	Zip Code 20004	Transaction ID: 20091130125456-33 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		20.00		
Titalio		n e Director Product Policy			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00			
Full Name (Last, First, Middle Initial) Thomas Meyers			Date of Receipt		
	Suite 500, South Building				
City <u>Washington</u>	State DC	Zip Code 20004	Transaction ID: 20091210114025-32 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		20.00		
Name of Employer America's Health Insurance Plans	Occupatio Executive	n e Director Product Policy			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00			
Full Name (Last, First, Middle Initial) Thomas Meyers	Date of Receipt				
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			12 31 7 2009		
City Washington	State DC	Zip Code 20004	Transaction ID: 20100104152628-32 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		20.00		
Name of Employer America's Health Insurance Plans		e Director Product Policy			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00			
SUBTOTAL of Receipts This Page (optiona	J)		60.00		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 115 / 211 (check only one) X	
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	he name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Julie Miller Mailing Address 601 Pennsylvania Av Suite 500. South Buil			Date of Receipt 0 7 1 5 2 0 0 9	
City	State	Zip Code	Transaction ID: 2009071018017-36	
Washington	DC	20004	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		41.67	
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	 '	Ssociate Counsel Year-to-Date ▼ 866.72	1	
Full Name (Last, First, Middle Initial) Julie Miller Mailing Address 601 Pennsylvania Av		0 0 0 0 0 0 0	Date of Receipt	
Suite 500, South Buil	lding	7'- 0-1-	07 31 2009	
City Washington	State DC	Zip Code 20004	Transaction ID: 2009072717019-36 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	20007	41.67	
Name of Employer America's Health Insurance Plans	Occupation Senior As	n ssociate Counsel		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 866.72		
Full Name (Last, First, Middle Initial) Julie Miller				
Mailing Address 601 Pennsylvania Av Suite 500, South Buil	08 14 2009			
City Washington	State DC	Zip Code 20004	Transaction ID: 2009081114326-36	
FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67	
Name of Employer America's Health Insurance Plans	Occupation Senior As	n ssociate Counsel		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 866.72		
SUBTOTAL of Receipts This Page (optional)			125.01	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(1)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 116 / 211 (check only one) X	
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P	the name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Julie Miller Mailing Address 601 Pennsylvania A	venue N.W.		Date of Receipt	
Suite 500, South Bu		Zip Code	0 8 3 1 2 0 0 9 Transaction ID: 200909039164-36	
<u>Washington</u>	DC	20004	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		41.67	
Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼		ssociate Counsel Year-to-Date 866.72	1	
Full Name (Last, First, Middle Initial) Julie Miller Mailing Address 601 Pennsylvania A	venue N.W.		Date of Receipt	
Suite 500, South Bu	ilding	7: 0 !	09 15 2009	
City Washington	State DC	Zip Code 20004	Transaction ID: 20090911173131-36 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	20004	41.67	
Name of Employer America's Health Insurance Plans	Occupation Senior As	n ssociate Counsel		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 866.72		
Full Name (Last, First, Middle Initial) Julie Miller				
Mailing Address 601 Pennsylvania A Suite 500, South Bu	M M M M M M M M M M M M M M M M M M M			
City Washington	City State Zip Code Washington DC 20004			
FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67	
Name of Employer America's Health Insurance Plans	Occupation Senior As	n ssociate Counsel		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 866.72		
SUBTOTAL of Receipts This Page (optional)		125.01	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 117 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any perso g the name and address of any political committee to	n for the purpose of soliciting contributions			
Americas Health Insurance Plans	PAC (AHIP PAC)				
Full Name (Last, First, Middle Initial) Julie Miller		Date of Receipt			
Mailing Address 601 Pennsylvania Suite 500, South B	uilding	10 15 2009			
City <u>Washington</u>	State Zip Code DC 20004	Transaction ID: 2009101210142-35 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	41.67			
Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼	Occupation Senior Associate Counsel Aggregate Year-to-Date 866.72				
Full Name (Last, First, Middle Initial) Julie Miller Mailing Address 601 Pennsylvania	Avenue NIW	Date of Receipt			
Suite 500, South B	Suite 500, South Building				
City Washington	State Zip Code DC 20004	Transaction ID: 20091026173011-35 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	41.67			
Name of Employer America's Health Insurance Plans Receipt For: Primary General	Occupation Senior Associate Counsel Aggregate Year-to-Date ▼				
Other (specify) ▼	866.72				
Julie Miller					
Suite 500, South B	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building				
City Washington	State Zip Code DC 20004	Transaction ID: 20091110151710-35 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	41.67			
Name of Employer America's Health Insurance Plans	Occupation Senior Associate Counsel				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 866.72				
SUBTOTAL of Receipts This Page (option	al)	125.01			
TOTAL This Period (last page this line num	nber only)				

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 118 / 211 (check only one) X
A C	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	C (AHIP PAC	;)	
. <u>/</u>	Full Name (Last, First, Middle Initial) Julie Miller			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			11 30 7 9 9
	City	State	Zip Code	Transaction ID: 20091130125456-35
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance Plans	Occupation Senior A	n ssociate Counsel	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	866.72]
_	Full Name (Last, First, Middle Initial) Julie Miller	!		Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			12
	City	State	Zip Code	Transaction ID: 20091210114025-34
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.67
	Name of Employer America's Health Insurance Plans	Occupation Senior As	n ssociate Counsel	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		866.72	
_	Full Name (Last, First, Middle Initial) Julie Miller	Date of Receipt		
	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			12 31 YYYYY 12009
	City	State	Zip Code	Transaction ID: 20100104152628-34
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.67
	Name of Employer America's Health Insurance Plans	Occupation Senior A	n ssociate Counsel	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		866.72]
Г	SUBTOTAL of Receipts This Page (optional)	<u> </u>		125.01

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 119 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 17
,	Any information copied from such Reports and Stor for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	(AHIP PAC	()	
۷.	Full Name (Last, First, Middle Initial) Lisa Miller			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			10 30 2009
	City Washington	State DC	Zip Code	Transaction ID: 20091026173011-36
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 10.42
	Name of Employer America's Health Insurance Plans Receipt For:		n Director, Meeting Services e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.08	
- 3.	Full Name (Last, First, Middle Initial) Lisa Miller	Date of Receipt		
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			11 13 2009
	City Washington	State DC	Zip Code	Transaction ID: 20091110151710-36
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 10.42
	Name of Employer America's Health Insurance Plans	Occupation Deputy D	n Director, Meeting Services	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.08]
_).	Full Name (Last, First, Middle Initial) Lisa Miller	Date of Receipt		
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City Washington	State DC	Zip Code 20004	Transaction ID: 20091130125456-36
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 10.42
	Name of Employer America's Health Insurance Plans		Director, Meeting Services	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.08	
	SUBTOTAL of Receipts This Page (optional)			31.26
	TOTAL This Period (last page this line number)		·	

	CHEDULE A (FEC Form 3X EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 120 / 211 (check only one) X
Ar	ny information copied from such Reports and for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P.	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
	Full Name (Last, First, Middle Initial) Lisa Miller Mailing Address 601 Pennsylvania A Suite 500, South Bu	ilding		Date of Receipt 1 2 1 5 2 0 0 9
	City Washington	State DC	Zip Code 20004	Transaction ID: 20091210114025-35 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.42
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	- 	n Director, Meeting Services • Year-to-Date ▼ 250.08	
	Full Name (Last, First, Middle Initial) Lisa Miller Mailing Address 601 Pennsylvania A			Date of Receipt
	Suite 500, South Bu	ilding State	Zip Code	1 2 3 1 2 0 0 9 Transaction ID: 20100104152628-35
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.42
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		n Director, Meeting Services • Year-to-Date ▼ 250.08	
_	Full Name (Last, First, Middle Initial) Marion Minichiello			Date of Receipt
	Mailing Address 4 Raymond Road Ext			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C689EAF454ADED68E
	Burlington FEC ID number of contributing federal political committee.	C	01803-2828	Amount of Each Receipt this Period 250.00
	Name of Employer Tufts Health Plan	Occupatio VP, Sale		7
	Receipt For: Primary General Other (specify) ▼	_ ' '	e Year-to-Date ▼ 250.00	
5	SUBTOTAL of Receipts This Page (optional)		270.84

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 121 / 211 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAG	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Martin Mitchell, Jr. Mailing Address 601 Pennsylvania Ave Suite 500, South Build City		Date of Receipt 0 7
Washington	DC 20004	Transaction ID: 2009071018017-38
FEC ID number of contributing federal political committee.	C 20004	Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Director Product Policy Aggregate Year-to-Date 499.92	
Full Name (Last, First, Middle Initial) Martin Mitchell, Jr. Mailing Address 601 Pennsylvania Ave	nue N.W.	Date of Receipt
Suite 500, South Build	ling	07 31 2009
City	State Zip Code	Transaction ID: 2009072717019-38
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans	Occupation Director Product Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92	
Full Name (Last, First, Middle Initial) Martin Mitchell, Jr.		Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build	ling	08 14 2009
City Washington	State Zip Code DC 20004	Transaction ID: 2009081114326-38
FEC ID number of contributing federal political committee.	C 20004	Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans	Occupation Director Product Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92	
SUBTOTAL of Receipts This Page (optional)		62.49
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 122 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	Statements may not be sold or used by any personal ename and address of any political committee to C (AHIP PAC)	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Martin Mitchell, Jr. Mailing Address 601 Pennsylvania Av. Suite 500, South Build City		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Director Product Policy Aggregate Year-to-Date 499.92	
Full Name (Last, First, Middle Initial) Martin Mitchell, Jr. Mailing Address 601 Pennsylvania Av.	enue N.W.	Date of Receipt
Suite 500, South Build		0 9 1 5 2 0 0 9 Transaction ID: 20090911173131-38
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans	Occupation Director Product Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92	
Full Name (Last, First, Middle Initial) Martin Mitchell, Jr.	ı	Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Buil		09 30 7 2009
City	State Zip Code DC 20004	Transaction ID: 2009092994629-38
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans	Occupation Director Product Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92	
SUBTOTAL of Receipts This Page (optional)	·	62.49
TOTAL This Period (last page this line number	r only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 123 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	ne name and address of any political committe	erson for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Martin Mitchell, Jr. Mailing Address 601 Pennsylvania Av Suite 500, South Buil		Date of Receipt 1 0 1 5 2 0 0 9
City	State Zip Code	Transaction ID: 2009101210142-37
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Director Product Policy Aggregate Year-to-Date ▼ 499.92	1 .
Full Name (Last, First, Middle Initial) Martin Mitchell, Jr. Mailing Address 601 Pennsylvania Av		Date of Receipt
Suite 500, South Buil	ding State Zip Code	10 30 2009
Washington	DC 20004	Transaction ID: 20091026173011-37 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans	Occupation Director Product Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92	
Full Name (Last, First, Middle Initial) Martin Mitchell, Jr.		Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Buil	ding	111 13 2009
City Washington	State Zip Code DC 20004	Transaction ID: 20091110151710-37 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans	Occupation Director Product Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92	
SUBTOTAL of Receipts This Page (optional)		62.49

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 124 / 211 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Martin Mitchell, Jr. Mailing Address 601 Pennsylvania	Avenue N W		Date of Receipt
Suite 500, South B	Building		11 30 2009
City Washington	State DC	Zip Code 20004	Transaction ID: 20091130125456-37 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans	Occupation Director I	n Product Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.92	
Full Name (Last, First, Middle Initial) Martin Mitchell, Jr.	A NI NA		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B			12 15 2009
City	State	Zip Code	Transaction ID: 20091210114025-36
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance	Occupation	n Product Policy	
<u>Plans</u> Receipt For:		Year-to-Date	
Primary General Other (specify) ▼	, iggi ogalo	499.92	
Full Name (Last, First, Middle Initial) Martin Mitchell, Jr.			Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South B			12 31 2009
City	State DC	Zip Code	Transaction ID: 20100104152628-30
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 20.83
Name of Employer America's Health Insurance Plans		Product Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.92	
SUBTOTAL of Receipts This Page (option	- I		62.49

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 125 / 211 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylvania Suite 500, South B			Date of Receipt 0 7
City Washington FEC ID number of contributing federal political committee.	State DC	Zip Code 20004	Transaction ID: 2009071018017-39 Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		n sident State Policy • Year-to-Date ▼ 1999.92]
Full Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylvania Suite 500, South B	Building		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington FEC ID number of contributing federal political committee.	State DC	Zip Code 20004	Transaction ID: 2009072717019-39 Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n sident State Policy Year-to-Date ▼ 1999.92	
Full Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylvania	Avenue N.W.		Date of Receipt
Suite 500, South B		Zip Code	0 8 1 4 2 0 0 9 Transaction ID: 2009081114326-39
Washington FEC ID number of contributing federal political committee.	DC	20004	Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans Receipt For:		n sident State Policy Year-to-Date	
Primary General Other (specify) ▼	0 0	1999.92	
SUBTOTAL of Receipts This Page (option	al)		249.99

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 126 / 211 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylvania A			Date of Receipt
Suite 500, South But City Washington FEC ID number of contributing federal political committee.	State DC	Zip Code 20004	0 8 3 1 2 0 0 9 Transaction ID: 200909039164-39 Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n sident State Policy Year-to-Date ▼ 1999.92	
Full Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylvania A Suite 500, South Bu	uilding		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington FEC ID number of contributing federal political committee.	State DC	Zip Code 20004	Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼	'	nsident State Policy Year-to-Date ▼ 1999.92	
Full Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylvania A	Avenue N.W.		Date of Receipt
Suite 500, South Bu		Zip Code	0 9 3 0 2 0 0 9 Transaction ID: 2009092994629-39
Washington FEC ID number of contributing federal political committee.	DC C	20004	Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans Receipt For:		n sident State Policy	
Primary General Other (specify) ▼		1999.92	
SUBTOTAL of Receipts This Page (optional	ત્રી)		249.99

Any information copied from such Reports and Star or for commercial purposes, other than using the new NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (Full Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylvania Avenusuite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	AHIP PAC) LE N.W.	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Betsy Pelovitz Mailing Address 601 Pennsylvania Avenu Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	State Zip Code DC 20004 C Occupation Vice President State Policy Aggregate Year-to-Date 1999.92	Transaction ID: 2009101210142-38 Amount of Each Receipt this Period
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Vice President State Policy Aggregate Year-to-Date ▼ 1999.92	
Full Name (Last, First, Middle Initial)		
Mailing Address 601 Pennsylvania Avenu Suite 500, South Building	g State Zip Code	Date of Receipt 1 0 3 0 2 0 0 9 Transaction ID: 20091026173011-38
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Vice President State Policy Aggregate Year-to-Date ▼ 1999.92	
Full Name (Last, First, Middle Initial) Betsy Pelovitz		Date of Receipt
Mailing Address 601 Pennsylvania Avenu Suite 500, South Building City	g State Zip Code	1 1 1 3 2 0 0 9 Transaction ID: 20091110151710-38
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 83.33
Name of Employer America's Health Insurance Plans	Occupation Vice President State Policy	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1999.92	
SUBTOTAL of Receipts This Page (optional)	>	249.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 128 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee to	on for the purpose of soliciting contributions
Americas Health Insurance Plans PAC	(AHIP PAC)	
Full Name (Last, First, Middle Initial) Betsy Pelovitz		Date of Receipt
Mailing Address 601 Pennsylvania Avel Suite 500, South Buildi		11 30 2009
City	State Zip Code	Transaction ID: 20091130125456-38
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance	Occupation	
Plans Receipt For:	Vice President State Policy Aggregate Year-to-Date ▼	-
Primary General		1
Other (specify) ▼	1999.92	
Full Name (Last, First, Middle Initial) Betsy Pelovitz		Date of Receipt
Mailing Address 601 Pennsylvania Avel Suite 500, South Buildi	12 15 2009	
City	State Zip Code	Transaction ID: 20091210114025-37
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance	Occupation Vice President State Policy	
<u>Plans</u> Receipt For:	Aggregate Year-to-Date ▼	+
Primary General		1
Other (specify) ▼	1999.92	
Full Name (Last, First, Middle Initial) Betsy Pelovitz		Date of Receipt
Mailing Address 601 Pennsylvania Average Suite 500, South Build	12 31 2009	
City	State Zip Code	Transaction ID: 20100104152628-37
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer America's Health Insurance	Occupation Vice President State Policy	
<u>Plans</u> Receipt For:	Aggregate Year-to-Date ▼	+
Primary General		1
Other (specify) ▼	1999.92	
SUBTOTAL of Receipts This Page (optional)		249.99
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	·	243.33

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 129 / 211 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAG	e name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Susan Pisano Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee.		Zip Code 20004	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	+ +	n sident Strategic Communica Year-to-Date ▼ 3001.51	tion
Full Name (Last, First, Middle Initial) Susan Pisano Mailing Address 601 Pennsylvania Ave Suite 500, South Build	ding State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 125.45
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		n sident Strategic Communica Year-to-Date ▼ 3001.51	ition
Full Name (Last, First, Middle Initial) Susan Pisano			Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build		Zip Code	0 8 1 4 2 0 0 9 Transaction ID: 2009081114326-40
Washington FEC ID number of contributing	DC	20004	Amount of Each Receipt this Period
federal political committee. Name of Employer America's Health Insurance Plans	Occupation	n sident Strategic Communica	
Receipt For: Primary General Other (specify) ▼	1 '	Year-to-Date ▼ 3001.51	
SUBTOTAL of Receipts This Page (optional)			376.35
TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	5)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 130 / 211 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P	the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Susan Pisano Mailing Address 601 Pennsylvania A			Date of Receipt
Suite 500, South Bu			08 7 31 7 2009
City Washington	State DC	Zip Code 20004	Transaction ID: 200909039164-40 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20004	125.45
Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident Strategic Communica	tian
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3001.51	
Full Name (Last, First, Middle Initial) Susan Pisano	 		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			09 15 YYYY 2009
City	State	Zip Code	Transaction ID: 20090911173131-4
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.45
Name of Employer America's Health Insurance	Occupation Vice Pres	n sident Strategic Communica	tion
<u>Plans</u> Receipt For:		Year-to-Date V	
Primary General Other (specify) ▼	93.13	3001.51	
Full Name (Last, First, Middle Initial) Susan Pisano			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			09 30 2009
City	State	Zip Code	Transaction ID: 2009092994629-40
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 125.45
Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident Strategic Communica	tion
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3001.51	
SUBTOTAL of Receipts This Page (optional)		376.35

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 131 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	and Statements may not be sold or used by any persor ng the name and address of any political committee to see PAC (AHIP PAC)	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Susan Pisano		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South	Building	10 15 2009
City <u>Washington</u>	State Zip Code DC 20004	Transaction ID: 2009101210142-39 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.45
Name of Employer America's Health Insurance Plans	Occupation Vice President Strategic Communicati	on
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3001.51	
Full Name (Last, First, Middle Initial) Susan Pisano	L	Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South		10 30 7 2009
City	State Zip Code	Transaction ID: 20091026173011-39
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 125.45
Name of Employer America's Health Insurance Plans Receipt For:	Occupation Vice President Strategic Communicati Aggregate Year-to-Date ▼	on
Primary General Other (specify) ▼	3001.51	
Full Name (Last, First, Middle Initial) Susan Pisano	'	Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South	Building	11 1 13 2009
City Washington	State Zip Code DC 20004	Transaction ID: 20091110151710-39 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.45
Name of Employer America's Health Insurance Plans	Occupation Vice President Strategic Communicati	on
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 3001.51	
CURTOTAL of Descints This Desc (anti-	nal)	376.35

SCHEDULE A (FEC FOI ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 132 / 211 (check only one) X
Any information copied from such Re or for commercial purposes, other that NAME OF COMMITTEE (In Full) Americas Health Insurance II	ports and Statements may not be sold or used by any person using the name and address of any political committee to Plans PAC (AHIP PAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initi Susan Pisano	al)	Date of Receipt
Mailing Address 601 Pennsyl- Suite 500, So		111 30 2000
Washington	State Zip Code DC 20004	Transaction ID: 20091130125456-39 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.45
Name of Employer America's Health Insurance Plans	Occupation Vice President Strategic Communica	 ution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3001.51	
Full Name (Last, First, Middle Initi Susan Pisano	,	Date of Receipt
Suite 500, So	•	12 15 2009
City Washington	State Zip Code DC 20004	Transaction ID: 20091210114025-38
FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 125.45
Name of Employer America's Health Insurance Plans	Occupation Vice President Strategic Communica	utian
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3001.51	
Full Name (Last, First, Middle Initi Susan Pisano	al)	Date of Receipt
Mailing Address 601 Pennsyl Suite 500, So	•	12 31 7 2009
City	State Zip Code	Transaction ID: 20100104152628-38
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 125.45
Name of Employer America's Health Insurance Plans	Occupation Vice President Strategic Communica	utian
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3001.51	
SURTOTAL of Receipts This Page	(optional)	376.35

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 133 / 211 (check only one) X
\ \ \	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Americas Health Insurance Plans PA	C (AHIP PAC	5)	
. <u>/</u>	Full Name (Last, First, Middle Initial) Lawrence Platt			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			07 15 2009
	City	State	Zip Code	Transaction ID: 2009071018017-41
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance Plans	Occupation Director	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.08	
_	Full Name (Last, First, Middle Initial) Lawrence Platt			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build	ding		07 31 2009
	City Washington	State DC	Zip Code	Transaction ID: 2009072717019-41
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance Plans	Occupation Director	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.08	
_	Full Name (Last, First, Middle Initial) Lawrence Platt			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			08 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 2009081114326-41
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance Plans	Occupation Director	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.08	
	SUBTOTAL of Receipts This Page (optional) .	1		125.01

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 134 / 211 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	the name and add	ress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Lawrence Platt Mailing Address 601 Pennsylvania A			Date of Receipt
Suite 500, South Branch Street Street Suite 500, South Branch Street Str	State DC	Zip Code 20004	0 8 3 1 2 0 0 9
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation Director	Year-to-Date ▼ 1000.08	
Full Name (Last, First, Middle Initial) Lawrence Platt Mailing Address 601 Pennsylvania A Suite 500, South Bi City Washington		Zip Code 20004	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Director Aggregate	Year-to-Date ▼ 1000.08	41.67
Full Name (Last, First, Middle Initial) Lawrence Platt Mailing Address 601 Pennsylvania A Suite 500, South Bi		Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Washington FEC ID number of contributing federal political committee.	DC C	20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Director Aggregate	Year-to-Date ▼ 1000.08	
SUBTOTAL of Receipts This Page (optional	al)		125.01

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 135 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any persoing the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Americas Health Insurance Plan	s PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Lawrence Platt Mailing Address COA Developed	- Access NIM	Date of Receipt
Mailing Address 601 Pennsylvani Suite 500, South		10 15 2009
City	State Zip Code	Transaction ID: 2009101210142-40
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.08	
Full Name (Last, First, Middle Initial) Lawrence Platt	1	Date of Receipt
Mailing Address 601 Pennsylvani Suite 500, South	Building	10 30 7 2009
City	State Zip Code	Transaction ID: 20091026173011-40
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.08]
Full Name (Last, First, Middle Initial) Lawrence Platt		Date of Receipt
Mailing Address 601 Pennsylvani Suite 500, South		11 13 2009
City	State Zip Code	Transaction ID: 20091110151710-40
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	
SUBTOTAL of Receipts This Page (opti-	onal)	125.01
TOTAL This Period (last page this line n		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 136 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA		• • • • • • • • • • • • • • • • • • • •	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Lawrence Platt Mailing Address 601 Pennsylvania Av			Date of Receipt 1 1 3 0 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	Suite 500, South Buil	ding State	Zip Code	Transaction ID: 20091130125456-40
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.67
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Director Aggregate	e Year-to-Date ▼]
В.	Full Name (Last, First, Middle Initial) Lawrence Platt Mailing Address 601 Pennsylvania Av			Date of Receipt
	Suite 500, South Buil			12 15 2009
	City Washington	State DC	Zip Code 20004	Transaction ID: 20091210114025-39
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Director Aggregate	e Year-to-Date ▼ 1000.08]
с. С.	Full Name (Last, First, Middle Initial) Lawrence Platt			Date of Receipt
	Mailing Address 601 Pennsylvania Av Suite 500, South Buil	ding		12 31 7 2009
	City <u>Washington</u>	State DC	Zip Code 20004	Transaction ID: 20100104152628-39
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance Plans	Occupation Director	on	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.08	
	SUBTOTAL of Receipts This Page (optional)	1		125.01
İ	TOTAL This Period (last page this line number	er only)		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 137 / 211 (check only one) X
0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	C (AHIP PAC	;)	
۱.	Full Name (Last, First, Middle Initial) Richard Ramsay			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			07 15 2009
	City	State	Zip Code	Transaction ID: 2009071018017-42
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.33
	Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident, State Advocacy	7
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1999.92	
. –	Full Name (Last, First, Middle Initial) Richard Ramsay			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			07 / 31 / 2009
	City	State	Zip Code	Transaction ID: 2009072717019-42
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 83.33
	Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident, State Advocacy	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1999.92]
	Full Name (Last, First, Middle Initial) Richard Ramsay			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			08 14 2009
	City	State	Zip Code	Transaction ID: 2009081114326-42
	Washington FEC ID number of contributing	DC	20004	Amount of Each Receipt this Period
	federal political committee.	C		83.33
	Name of Employer America's Health Insurance Plans		sident, State Advocacy	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1999.92	
	SUBTOTAL of Receipts This Page (optional)	I		249.99

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 138 / 211 (check only one) X
\ \ \	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Americas Health Insurance Plans PAC	C (AHIP PAC	()	
۷.	Full Name (Last, First, Middle Initial) Richard Ramsay			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			08 31 2009
	City	State	Zip Code	Transaction ID: 200909039164-42
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident, State Advocacy	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1999.92	
_	Full Name (Last, First, Middle Initial) Richard Ramsay			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20090911173131-42
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident, State Advocacy	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1999.92	
_	Full Name (Last, First, Middle Initial) Richard Ramsay	1		Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			09 30 2009
	City	State	Zip Code	Transaction ID: 2009092994629-42
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident, State Advocacy	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		1999.92	
	SUBTOTAL of Receipts This Page (optional)	1		249.99

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 139 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 1
(Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. ∠ 4.	Full Name (Last, First, Middle Initial) Richard Ramsay) (AIIII 1 AO)	Date of Receipt
٠.	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			1 0 1 5 2 0 0 9
	City Washington	State DC	Zip Code 20004	Transaction ID: 2009101210142-41 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		83.33
	Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n sident, State Advocacy Year-to-Date ▼ 1999.92	
- 3.	Full Name (Last, First, Middle Initial) Richard Ramsay Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			Date of Receipt
	City	State	Zip Code	Transaction ID: 20091026173011-41
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 83.33
	Name of Employer America's Health Insurance Plans Receipt For:	. '	sident, State Advocacy	
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1999.92	
- ;.	Full Name (Last, First, Middle Initial) Richard Ramsay Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			Date of Receipt 1 1 1 3 2 0 0 9
	City	State	Zip Code	Transaction ID: 20091110151710-41
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 83.33
	Name of Employer America's Health Insurance Plans		sident, State Advocacy	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1999.92	
ſ	SUBTOTAL of Receipts This Page (optional)			249.99

City Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Name of Coupation Vice President, State Advocacy Aggregate Year-to-Date ▼ Transaction ID: 2009113012 Amount of Each Receipt this Peter State Advocacy Aggregate Year-to-Date ▼ Transaction ID: 2009113012 Amount of Each Receipt this Peter State Advocacy Aggregate Year-to-Date ▼ Transaction ID: 2009121011 Amount of Each Receipt this Peter State Advocacy Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Richard Ramsay Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code DC 20004 Transaction ID: 2010010415 Transaction ID: 20101010415 Amount of Each Receipt this Peter State Advocacy Aggregate Year-to-Date ▼ Transaction ID: 2010010415 Amount of Each Receipt this Peter State Advocacy Aggregate Year-to-Date ▼ Transaction ID: 2010010415 Amount of Each Receipt this Peter State Advocacy Amoun	12 16 17		Use separate schedule(s) for each category of the Detailed Summary Page	3X)	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building	tributions mmittee.	for the purpose of soliciting contribution plicit contributions from such committee	lress of any political committee to	sing the name and add	or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	or for co
Name of Employer America's Health Insurance Plans Receipt For:		1 1 3 0 2 0 0 Transaction ID: 2009113012545 Amount of Each Receipt this Period	·	State DC	Richard Ramsay Mailing Address 601 Pennsylvania A Suite 500, South Bu City Washington FEC ID number of contributing	Rich Maili City <u>Wa</u> FEC
Bichard Ramsay Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			ident, State Advocacy Year-to-Date ▼ 1999.92	Vice Pres	Name of Employer America's Health Insurance Plans Receipt For: Primary General	Nam Ame Plan
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Richard Ramsay Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Transaction ID: 2010010415 Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Occupation Vice President, State Advocacy Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	2 0 0 9 0114025-40	M M / D D / Y Y Y	•	Building State	Mailing Address Mailing Address Suite 500, South Bu City	Rich Maili City
America's Healfh Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Richard Ramsay Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington FEC ID number of contributing federal political committee. Name of Employer America's Healfh Insurance Plans Receipt For: Occupation Vice President, State Advocacy Aggregate Year-to-Date ▼ Occupation Vice President, State Advocacy Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	s Period 83.33	Amount of Each Receipt this Period 83.3		C	FEC ID number of contributing federal political committee.	FEC fede
Richard Ramsay Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 1 2 3 1 2 3 1 2 2 3 1 2 3 1 2 2 3 1 2 3 1 2 2 3 1 2 3 1 2 2 3 1 2 2 3 1 2 3 1 2 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 2 3 1 3 1			sident, State Advocacy Year-to-Date ▼	Vice Pres	America's Healfh Insurance Plans Receipt For: Primary General	Ame <u>Pla</u> n
Suite 500, South Building City State Sta		i		L	Richard Ramsay	Rich
Washington DC 20004 Amount of Each Receipt this Perfect ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Amount of Each Receipt this Perfect Idea of Each	2 0 0 9 4152628-40		Zip Code	n Building	Suite 500, South Bu	
Plans Receipt For: Primary General Vice President, State Advocacy Aggregate Year-to-Date ▼	is Period 83.33	Amount of Each Receipt this Period 83.3	20004		FEC ID number of contributing	FEC
Primary General					<u>Plans</u>	<u>Plan</u>
				Aggregate	Primary General	Rece
SUBTOTAL of Receipts This Page (optional)	249.99	249.9	······	ional)	SUBTOTAL of Receipts This Page (optional	SUBTO

	FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 141 / 211 (check only one)
A	any information copied from such Reports and S	Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
7	NAME OF COMMITTEE (In Full)	Traine and day	sirect of any pointed committee to	Control Contro
	Americas Health Insurance Plans PAG	C (AHIP PAC	()	
_	Full Name (Last, First, Middle Initial) Ingrid Reeves			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			07 15 2009
	City	State	Zip Code	Transaction ID: 2009071018017-44
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.83
	Name of Employer America's Health Insurance Plans	Occupatio Executive	n e Director of Membership	
	Receipt For:	1 '	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	499.92	
	Full Name (Last, First, Middle Initial) Ingrid Reeves			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build	07 31 7 2009		
	City	State	Zip Code	Transaction ID: 2009072717019-44
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.83
	Name of Employer America's Health Insurance Plans	Occupatio Executive	n e Director of Membership	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	499.92	
	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			0 8 1 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 2009081114326-44
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.83
	Name of Employer America's Health Insurance Plans	Occupatio Executive	n e Director of Membership	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		499.92	
_				
	SUBTOTAL of Receipts This Page (optional)			62.49

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 142 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Americas Health Insurance Plans PAC	(AHIP PAC	C)	
۱.	Full Name (Last, First, Middle Initial) Ingrid Reeves Mailing Address 601 Pennsylvania Aver	NI W		Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			08 31 2009
	City	State	Zip Code	Transaction ID: 200909039164-44
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.83
	Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director of Membership	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 499.92	
- 3.	Full Name (Last, First, Middle Initial) Ingrid Reeves			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 20090911173131-44
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.83
	Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director of Membership	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		499.92	
	Full Name (Last, First, Middle Initial) Ingrid Reeves			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi	ng		09 / 30 / 2009
	City Washington	State DC	Zip Code	Transaction ID: 2009092994629-44
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 20.83
	Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director of Membership	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 499.92	
	SUBTOTAL of Receipts This Page (optional)		__	62.49
-	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of			62.49

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	*tatamanta ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 143 / 211 (check only one) X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	e name and add	dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Ingrid Reeves Mailing Address 601 Pennsylvania Ave	nue N.W.		Date of Receipt
	Suite 500, South Build City Washington	ing State DC	Zip Code 20004	1 0 1 5 2 0 0 9 Transaction ID: 2009101210142-43 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.83
	Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		e Director of Membership Year-to-Date 499.92	
В.	Full Name (Last, First, Middle Initial) Ingrid Reeves Mailing Address 601 Pennsylvania Ave			Date of Receipt
	Suite 500, South Build	ing State	Zip Code	1 0 3 0 2 0 0 9 Transaction ID: 20091026173011-43
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.83
	Name of Employer America's Health Insurance Plans	Occupation Executive	n e Director of Membership	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.92	
с. С.	Full Name (Last, First, Middle Initial) Ingrid Reeves			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			1 1 1 1 3 2 0 0 9
	City Washington	State DC	Zip Code 20004	Transaction ID: 20091110151710-43 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20001	20.83
	Name of Employer America's Health Insurance Plans		e Director of Membership	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.92	
	SUBTOTAL of Receipts This Page (optional)			62.49
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 144 / 211 (check only one)
TEMIZED RECEIL TO	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee \mathfrak{t}^{ι}	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Americas Health Insurance Plans PAC	C (AHIP PAC)	
Full Name (Last, First, Middle Initial) Ingrid Reeves		Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build		1 1 3 0 Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20091130125456-4
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer	Occupation	
America's Healfh Insurance Plans	Executive Director of Membership	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	499.92	7
Other (specify) ▼	T00.02	_
Full Name (Last, First, Middle Initial) Ingrid Reeves	·	Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build		12 15 2009
City	State Zip Code	Transaction ID: 20091210114025-4
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance Plans	Occupation Executive Director of Membership	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	499.92	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build		1 2 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 20100104152628-4
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.83
Name of Employer America's Health Insurance	Occupation Executive Director of Membership	
<u>Plans</u> Receipt For:	Aggregate Year-to-Date ▼	_
Primary General		7
	499.92	
Other (specify) ▼		
Other (specify) ▼		62.49

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 145 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAG	e name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans	State DC C Occupation	Zip Code 20004 n sident, Public Health & Clinic	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	++	Year-to-Date ▼ 750.00]
Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General	State DC C Occupation Vice Pres	Zip Code 20004 n sident, Public Health & Clinic Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington		750.00 Zip Code 20004	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		n sident, Public Health & Clinic Year-to-Date ▼ 750.00	31.25
SUBTOTAL of Receipts This Page (optional))	93.75

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 146 / 211 (check only one) X
An or	y information copied from such Reports and for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	C (AHIP PAC	;)	
↓ \ .	Full Name (Last, First, Middle Initial) Bob Rehm			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			08 31 2009
	City Washington	State DC	Zip Code	Transaction ID: 200909039164-45
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 31.25
	Name of Employer America's Health Insurance Plans Receipt For:		n sident, Public Health & Clinic Year-to-Date ▼	<u>-</u> 2
	Primary ☐ General Other (specify) ▼		750.00	
 3.	Full Name (Last, First, Middle Initial) Bob Rehm			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code	Transaction ID: 20090911173131-45
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 31.25
	Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident, Public Health & Clinic	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00]
	Full Name (Last, First, Middle Initial) Bob Rehm			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			09 / 30 / 4 9 9
	City Washington	State DC	Zip Code 20004	Transaction ID: 2009092994629-45 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		31.25
	Name of Employer America's Health Insurance Plans	-, '	sident, Public Health & Clinic	2
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
	UBTOTAL of Receipts This Page (optional) .	1		93.75

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports or for commercial purposes, other than usin	and Statements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans			
Full Name (Last, First, Middle Initial) Bob Rehm			Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South I			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Washington</u>	State DC	Zip Code 20004	Transaction ID: 2009101210142-44 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		31.25
Name of Employer America's Health Insurance Plans Receipt For: Primary General		n sident, Public Health & Clinic e Year-to-Date ▼ 750.00	
Other (specify) ▼ Full Name (Last, First, Middle Initial) Bob Rehm	0 0	730.00	Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South I			10 30 2009
City Washington	State DC	Zip Code 20004	Transaction ID: 20091026173011-44 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		31.25
Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident, Public Health & Clinic	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Bob Rehm			Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South I			11 13 2009
City Washington	State DC	Zip Code 20004	Transaction ID: 20091110151710-44 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		31.25
Name of Employer America's Health Insurance Plans Receipt For:		sident, Public Health & Clinic	_
Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (option	nal)	·····	93.75

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each	parate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 148 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	e name and address of any	d or used by any person political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance			Date of Receipt 1 1
America's Healfh Insurance Plans Receipt For: Primary General Other (specify)		blic Health & Clinic te ▼ 750.00	
Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address 601 Pennsylvania Ave Suite 500, South Build City	ling State Zip Co		Date of Receipt 1 2
Washington FEC ID number of contributing federal political committee.	DC 20004	0 0 0	Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Vice President, Pu Aggregate Year-to-Da	blic Health & Clinic te ▼ 750.00	
Full Name (Last, First, Middle Initial) Bob Rehm Mailing Address 601 Pennsylvania Ave	enue N.W.		Date of Receipt
Suite 500, South Build City Washington			1 2 3 1 2 0 0 9 Transaction ID: 20100104152628-43 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		31.25
Name of Employer America's Health Insurance Plans Receipt For:	Occupation Vice President, Pu Aggregate Year-to-Da	blic Health & Clinic	_
Primary General Other (specify) ▼	Aggregate Fear-to-Da	750.00	
SUBTOTAL of Receipts This Page (optional)		·····	93.75

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Mada	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 149 / 211 (check only one) X
\ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and ad	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Sue Rohan Mailing Address 2004 B			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build City		Zip Code	0 7 1 5 2 0 0 9 Transaction ID: 2009071018017-46
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.67
	Name of Employer America's Health Insurance Plans	Occupation Vice Pre	sident	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1333.36	
- В.	Full Name (Last, First, Middle Initial) Sue Rohan	l		Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			07 31 7 2009
	City Washington	State DC	Zip Code 20004	Transaction ID: 2009072717019-46
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance Plans	Occupation Vice Pre-		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1333.36]
- С.	Full Name (Last, First, Middle Initial) Sue Rohan			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			08 14 2009
	City Washington	State DC	Zip Code 20004	Transaction ID: 2009081114326-46
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance Plans	Occupatio Vice Pre	sident	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1333.36	
	SUBTOTAL of Receipts This Page (optional)			125.01
Ī	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 150 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	he name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Sue Rohan Mailing Address 601 Pennsylvania Av Suite 500, South Bui	lding		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 200909039164-46
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Vice Pres		
Full Name (Last, First, Middle Initial) Sue Rohan Mailing Address 601 Pennsylvania Av			Date of Receipt
Suite 500, South Bui		7:- Code	09 15 2009
City Washington	State DC	Zip Code 20004	Transaction ID: 20090911173131-46 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000+	41.67
Name of Employer America's Health Insurance Plans	Occupation Vice Pres		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1333.36	
Full Name (Last, First, Middle Initial) Sue Rohan			Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Bui	lding		09 / 30 / 2009
City Washington	State DC	Zip Code	Transaction ID: 2009092994629-46
FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Vice Pres		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1333.36	
SUBTOTAL of Receipts This Page (optional)			125.01

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 151 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	C (AHIP PAC	()	
Α.	Full Name (Last, First, Middle Initial) Sue Rohan			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			10 15 2009
	City <u>Washington</u>	State DC	Zip Code 20004	Transaction ID: 2009101210142-45 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance Plans Receipt For:	Occupation Vice Pres		
	Primary General Other (specify) ▼	riggrogate	1333.36	
В.	Full Name (Last, First, Middle Initial) Sue Rohan			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			10 30 7 2009
	City Washington	State DC	Zip Code 20004	Transaction ID: 20091026173011-45 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20004	41.67
	Name of Employer America's Health Insurance Plans Receipt For:	Occupatio Vice Pres		
	Primary General Other (specify) ▼	33 13	1333.36]
C.	Full Name (Last, First, Middle Initial) Sue Rohan	•		Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			1 1 1 3 2 0 0 9
	City Washington	State DC	Zip Code 20004	Transaction ID: 20091110151710-45 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20004	41.67
	Name of Employer America's Health Insurance Plans	Occupatio Vice Pre	sident	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1333.36	
	SUBTOTAL of Receipts This Page (optional)			125.01
	TOTAL This Period (last page this line number	only)	·	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 152 / 211 (check only one) X 11a
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAG	e name and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Sue Rohan Mailing Address 601 Pennsylvania Ave Suite 500, South Build		Zip Code	Date of Receipt M
Washington FEC ID number of contributing federal political committee.	DC C	20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Vice Pres Aggregate		
Full Name (Last, First, Middle Initial) Sue Rohan Mailing Address 601 Pennsylvania Ave Suite 500, South Build			Date of Receipt M
City Washington	State DC	Zip Code 20004	Transaction ID: 20091210114025-44 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Vice Pres Aggregate		
Full Name (Last, First, Middle Initial) Sue Rohan			Date of Receipt
Mailing Address 601 Pennsylvania Ave Suite 500, South Build	ding	7: 0.1	12 31 2009
City Washington	State DC	Zip Code 20004	Transaction ID: 20100104152628-44 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation Vice Pres	sident	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1333.36	
SUBTOTAL of Receipts This Page (optional)			125.01

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 153 / 211 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	<u> </u>		
Full Name (Last, First, Middle Initial) Lisa Shreve			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			07 15 2009
City Washington	State DC	Zip Code 20004	Transaction ID: 2009071018017-47 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Vi	n ice President, Professional F	Pr .
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.08	
Full Name (Last, First, Middle Initial) Lisa Shreve			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			07 31 YYYY 2009
City Washington	State DC	Zip Code 20004	Transaction ID: 2009072717019-47 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Vi	n ice President, Professional F	Pr
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.08	
Full Name (Last, First, Middle Initial) Lisa Shreve	I		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State DC	Zip Code 20004	Transaction ID: 2009081114326-47 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		41.67
Name of Employer America's Health Insurance Plans		ice President, Professional P	Pr
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.08	
SUBTOTAL of Receipts This Page (optional	al)		125.01

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 154 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	Americas Health Insurance Plans PAC	(AHIP PAC	()	
Α.	Full Name (Last, First, Middle Initial) Lisa Shreve Mailing Address 601 Pennsylvania Aver	NI VA/		Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			08 31 2009
	City	State	Zip Code	Transaction ID: 200909039164-47
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		41.67
	Name of Employer America's Health Insurance Plans	Occupation Senior V	n ïce President, Professional P	r
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼ 1000.08	
_	Other (specify)	0 0	1000.08	
3.	Full Name (Last, First, Middle Initial) Lisa Shreve			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi	ng	7: 0 1	09 15 2009
	City Washington	State DC	Zip Code 20004	Transaction ID: 20090911173131-47 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20004	41.67
	Name of Employer America's Health Insurance Plans	Occupation Senior V	n ice President, Professional P	r
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.08	
-).	Full Name (Last, First, Middle Initial) Lisa Shreve			Date of Receipt
	Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi			09 / 30 / 2009
	City	State	Zip Code	Transaction ID: 2009092994629-47
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance Plans	Occupatio Senior V	n ïce President, Professional P	r
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.08	
	SUBTOTAL of Receipts This Page (optional)			125.01
F	TOTAL This Period (last page this line number of		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 155 / 211 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAG	e name and ado	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Lisa Shreve Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee.		Zip Code 20004	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		n ice President, Professional F e Year-to-Date ▼ 1000.08	·r
Full Name (Last, First, Middle Initial) Lisa Shreve Mailing Address 601 Pennsylvania Ave Suite 500, South Build	ding State	Zip Code	Date of Receipt 10 30 20091026173011-46
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		n ice President, Professional F e Year-to-Date ▼ 1000.08	<u> </u>
Full Name (Last, First, Middle Initial) Lisa Shreve Mailing Address 601 Pennsylvania Ave	Drug N.W		Date of Receipt
Suite 500, South Build	ding State	Zip Code	1 1 1 3 2 0 0 9 Transaction ID: 20091110151710-46
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	, '	ice President, Professional F	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.08	
SUBTOTAL of Receipts This Page (optional) .			125.01

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 156 / 211 (check only one) X 11a
4	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Americas Health Insurance Plans PAC	(AHIP PAC	;)	
۱.	Full Name (Last, First, Middle Initial) Lisa Shreve Mailing Address 601 Pennsylvania Ave			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			11 30 2009
	City	State	Zip Code	Transaction ID: 20091130125456-46
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance Plans	Occupatio Senior V	n ice President, Professional F	Pr
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.08	
	Full Name (Last, First, Middle Initial) Lisa Shreve			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			12 15 2009
	City	State	Zip Code	Transaction ID: 20091210114025-45
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer America's Health Insurance Plans	Occupatio Senior V	ⁿ ice President, Professional F	Pr
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		1000.08	
. –	Full Name (Last, First, Middle Initial) Lisa Shreve			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build	ing		12 31 2009
	City Washington	State DC	Zip Code	Transaction ID: 20100104152628-45
	FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
	Name of Employer America's Health Insurance	Occupatio		
	Plans Receipt For:	. •	ice President, Professional F	<u>'r </u>
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.08	
Г	SUBTOTAL of Receipts This Page (optional)			125.01

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 157 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P	d Statements may not be sold or used by any personant the name and address of any political committee to AC (AHIP PAC)	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Stephen Sloan Mailing Address 9 Fenway Drive City Loudonville FEC ID number of contributing federal political committee. Name of Employer The Lifetime Healthcare Companies Receipt For: Primary General Other (specify)	State Zip Code NY 12211 C Occupation SVP and General Counsel Aggregate Year-to-Date 1667.00	Date of Receipt M M M / 17 2009 Transaction ID: 63D5F9858C88D824193 Amount of Each Receipt this Period 1667.00
Full Name (Last, First, Middle Initial) Marc Spooner Mailing Address 26 Snake Brook Rd City Wayland FEC ID number of contributing federal political committee. Name of Employer Tuft Health Plan Receipt For: Primary General Other (specify)	State Zip Code MA 01778-5014 C Occupation VP, Strategy and Product Developme Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Charles Stellar Mailing Address 601 Pennsylvania A Suite 500, South Bu City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)		Date of Receipt M M J D D J 2009 Transaction ID: 2009071018017-48 Amount of Each Receipt this Period 153.85
SUBTOTAL of Receipts This Page (optional)	2070.85

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 158 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	Ly not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	PAC (AHIP PAC	;)	
Full Name (Last, First, Middle Initial) Charles Stellar			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu	Avenue N.W. uilding		07 31 2009
City	State	Zip Code	Transaction ID: 2009072717019-48
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		153.85
Name of Employer America's Health Insurance	Occupation Executive		
<u>Plans</u> Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate	2000.05	
Full Name (Last, First, Middle Initial) Charles Stellar	I		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 2009081114326-48
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		153.85
Name of Employer America's Health Insurance Plans	Occupation Executive		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.05	
Full Name (Last, First, Middle Initial) Charles Stellar			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			08 31 7 2009
City	State	Zip Code	Transaction ID: 200909039164-48
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		153.85
Name of Employer America's Health Insurance Plans	Occupation Executive		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	2000.05	
SUBTOTAL of Receipts This Page (optional			461.55

TOTAL This Period (last page this line number only)

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 159 / 211 (check only one) X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and ad	dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Charles Stellar Mailing Address 601 Pennsylvania Ave	nuo N W		Date of Receipt
	Suite 500, South Build City		Zip Code	0 9 1 5 2 0 0 9 Transaction ID: 20090911173131-48
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 153.85
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Executiv Aggregate		
ь В.	Full Name (Last, First, Middle Initial) Charles Stellar Mailing Address 601 Pennsylvania Ave			Date of Receipt
	Suite 500, South Build City	ing State	Zip Code	0 9 3 0 2 0 0 9 Transaction ID: 2009092994629-48
	Washington FEC ID number of contributing federal political committee.	DC C	20004	Amount of Each Receipt this Period
	Name of Employer America's Health Insurance Plans	Occupation Executiv	e V.P.	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.05]
с. С.	Full Name (Last, First, Middle Initial) Charles Stellar Mailing Address 601 Pennsylvania Ave	aug NI W		Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build City		Zip Code	10 15 2009
	<u>Washington</u>	DC	20004	Transaction ID: 2009101210142-47 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		153.85
	Name of Employer America's Health Insurance Plans Receipt For:	Occupation Executiv	e V.P.	
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.05]
	SUBTOTAL of Receipts This Page (optional))	461.55
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 160 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	e name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Charles Stellar Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance		Zip Code 20004	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Plans Receipt For: Primary Other (specify) ▼	Executive Aggregate	Year-to-Date ▼ 2000.05	
Full Name (Last, First, Middle Initial) Charles Stellar Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington		Zip Code	Date of Receipt 1 1 1 3 2 0 0 9 Transaction ID: 20091110151710-47
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans	C Occupation Executive		Amount of Each Receipt this Period 153.85
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.05	
Full Name (Last, First, Middle Initial) Charles Stellar Mailing Address 601 Pennsylvania Ave Suite 500, South Build City		Zip Code	Date of Receipt M
Washington FEC ID number of contributing federal political committee.	DC C	20004	Amount of Each Receipt this Period 153.85
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Executive Aggregate		
SUBTOTAL of Receipts This Page (optional) .			461.55

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 161 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P	AC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Charles Stellar		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu		12 15 2009
City Washington	State Zip Code DC 20004	Transaction ID: 20091210114025-46 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	153.85
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation Executive V.P. Aggregate Year-to-Date 2000.05	
Full Name (Last, First, Middle Initial) Charles Stellar		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu	12 31 2009	
City	State Zip Code	Transaction ID: 20100104152628-46
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 153.85
Name of Employer America's Health Insurance Plans	Occupation Executive V.P.	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.05	
Full Name (Last, First, Middle Initial) Miriam Sullivan		Date of Receipt
Mailing Address 241 Cedar Ave		07 29 2009
City Arlington	State Zip Code MA 02476-7335	Transaction ID: 9989D7DF569A9B256
FEC ID number of contributing federal political committee.	C 02476-7335	Amount of Each Receipt this Period 250.00
Name of Employer Tufts Health Plan	Occupation AVP, Allied Health & Pharmacy Servio	ces
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	l)	557.70

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 162 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans I	g the name and add	dress of any political committee to	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Jessica Talbert	7.10 (7.1111 7.10	,	Date of Receipt
Mailing Address 601 Pennsylvania A	uilding	7: 0.1	07 15 2009
City <u>Washington</u>	State DC	Zip Code 20004	Transaction ID: 2009071018017-49 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.83
Name of Employer America's Health Insurance Plans Receipt For: Primary General	''	n Assistant To the Senior Vice Year-to-Date ▼	2
Other (specify) ▼ Full Name (Last, First, Middle Initial) Jessica Talbert Mailing Address 601 Pennsylvania A	Averue NIW		Date of Receipt
Suite 500, South B	uilding		07 31 2009
City Washington	State DC	Zip Code 20004	Transaction ID: 2009072717019-49 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20004	20.83
Name of Employer America's Health Insurance Plans Receipt For: Primary General	<u> </u>	n Assistant To the Senior Vice Year-to-Date	<u> </u>
Other (specify) ▼	0 0	541.60	
Full Name (Last, First, Middle Initial) Jessica Talbert			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South B			08 / 14 / Y Y Y Y Y Y Y
City Washington	State DC	Zip Code 20004	Transaction ID: 2009081114326-49 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20004	20.83
Name of Employer America's Health Insurance Plans Receipt For:	<u> </u>	n Assistant To the Senior Vice I Year-to-Date ▼	<u>P</u>
Primary General Other (specify) ▼	Aggregate	541.60	
SUBTOTAL of Receipts This Page (options	al)		62.49

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 163 / 211 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	he name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jessica Talbert Mailing Address 601 Pennsylvania Av Suite 500, South Buil City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans	State DC C Occupation	Zip Code 20004 n Assistant To the Senior Vice	Date of Receipt M M D D Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	- ' '	e Year-to-Date ▼ 541.60]
Full Name (Last, First, Middle Initial) Jessica Talbert Mailing Address 601 Pennsylvania Av Suite 500, South Buil City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Special A	Zip Code 20004 n Assistant To the Senior Vice e Year-to-Date ▼ 541.60	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Jessica Talbert Mailing Address 601 Pennsylvania Av Suite 500, South Buil City Washington FEC ID number of contributing		Zip Code 20004	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Special A	n Assistant To the Senior Vice e Year-to-Date ▼ 541.60	P
SUBTOTAL of Receipts This Page (optional)			62.49

or for commercial purposes, other NAME OF COMMITTEE (In Fundamental Purposes) Americas Health Insurance Full Name (Last, First, Middle Insurance) Jessica Talbert Mailing Address 601 Penns Suite 500, City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Insurance) Jessica Talbert Mailing Address 601 Penns	than using the name and addull) e Plans PAC (AHIP PAC nitial) sylvania Avenue N.W. South Building State DC C C C C Aggregate Aggregate	Zip Code 20004	Date of Receipt Transaction ID: 2009101210142-48 Amount of Each Receipt this Period
NAME OF COMMITTEE (In Full Name (Last, First, Middle In Jessica Talbert Mailing Address 601 Penns Suite 500, City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle In Jessica Talbert Mailing Address 601 Penns Suite 500, City Washington FEC ID number of contributing	e Plans PAC (AHIP PAC nitial) sylvania Avenue N.W. South Building State DC C Occupation Special A Aggregate	Zip Code 20004 n Assistant To the Senior Vice P	Date of Receipt M M M
Jessica Talbert Mailing Address 601 Penns Suite 500, City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Insurance Plans) Full Name (Last, First, Middle Insurance) Jessica Talbert Mailing Address 601 Penns Suite 500, City Washington FEC ID number of contributing	Sylvania Avenue N.W. South Building State DC C Occupation Special A	20004 n Assistant To the Senior Vice P	Transaction ID: 2009101210142-48 Amount of Each Receipt this Period 20.83
Mailing Address 601 Penns Suite 500, City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle In Jessica Talbert Mailing Address 601 Penns Suite 500, City Washington FEC ID number of contributing	South Building State DC C Occupation Special A Aggregate	20004 n Assistant To the Senior Vice P	Transaction ID: 2009101210142-48 Amount of Each Receipt this Period 20.83
Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle In Jessica Talbert Mailing Address 601 Penns Suite 500, City Washington FEC ID number of contributing	Occupation Special A	20004 n Assistant To the Senior Vice P	Amount of Each Receipt this Period 20.83
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) Full Name (Last, First, Middle In Jessica Talbert Mailing Address 601 Penns Suite 500, City Washington FEC ID number of contributing	Occupation Special A	Assistant To the Senior Vice P	20.83
Plans Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle In Jessica Talbert Mailing Address Suite 500, City Washington FEC ID number of contributing	Special A	Assistant To the Senior Vice P	-
Full Name (Last, First, Middle In Jessica Talbert Mailing Address 601 Penns Suite 500, City Washington FEC ID number of contributing		real to Bate .	I .
Jessica Talbert Mailing Address 601 Penns Suite 500, City Washington FEC ID number of contributing		541.60	
Suite 500, City Washington FEC ID number of contributing	nitial)		Date of Receipt
Washington FEC ID number of contributing	ylvania Avenue N.W. South Building		10 0 30 2009
FEC ID number of contributing	State DC	Zip Code 20004	Transaction ID: 20091026173011-48 Amount of Each Receipt this Period
	C		20.83
Name of Employer America's Health Insurance Plans	Occupation Special A	n Assistant To the Senior Vice P	-
Receipt For: Primary Genera Other (specify) ▼	55 5	e Year-to-Date ▼ 541.60	
Full Name (Last, First, Middle In Jessica Talbert	nitial)		Date of Receipt
Mailing Address 601 Penns	sylvania Avenue N.W. South Building		11 13 2009
City Washington	State DC	Zip Code 20004	Transaction ID: 20091110151710-48 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000	31.25
Name of Employer America's Health Insurance Plans		Assistant To the Senior Vice P	<u>-</u>
Receipt For: Primary Genera Other (specify) ▼	55 5	e Year-to-Date ▼ 541.60	
SUBTOTAL of Receipts This Page)	72.91

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 165 / 211 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	Statements may not be sold or used by any personal ename and address of any political committee to C (AHIP PAC)	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jessica Talbert Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance	State Zip Code DC 20004 C Occupation	Date of Receipt M M 3 0 2 0 0 9
Plans Receipt For: Primary Other (specify) ▼	Special Assistant To the Senior Vice Aggregate Year-to-Date ▼ 541.60	P
Full Name (Last, First, Middle Initial) Jessica Talbert Mailing Address 601 Pennsylvania Aveaute 500, South Build City Washington FEC ID number of contributing federal political committee.		Date of Receipt 1 2 1 5 2 0 0 9 Transaction ID: 20091210114025-47 Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Special Assistant To the Senior Vice Aggregate Year-to-Date ▼ 541.60	P
Full Name (Last, First, Middle Initial) Jessica Talbert Mailing Address 601 Pennsylvania Ave Suite 500, South Build City	ding	Date of Receipt 1 2 3 1 2 0 0 9
Washington FEC ID number of contributing federal political committee.	State Zip Code DC 20004	Transaction ID: 20100104152628-47 Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Special Assistant To the Senior Vice Aggregate Year-to-Date 541.60	P
SUBTOTAL of Receipts This Page (optional)		93.75

	DULE A (FEC Form 3X) ZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 166 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for co	rmation copied from such Reports and mmercial purposes, other than using the E OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\	ericas Health Insurance Plans PA	AC (AHIP PAC	C)	
. Timot	Jame (Last, First, Middle Initial) hy Teynor			Date of Receipt
	ng Address 2600 Sixth Street So			08 24 2009
City <u>Can</u> i	ton	State OH	Zip Code 44710-1702	Transaction ID: 48BAD1D84E444BC55 Amount of Each Receipt this Period
FEC	ID number of contributing al political committee.	C		1000.00
Name AultC	e of Employer care	Occupation Vice Pre	on sident, Public Policy	
Rece	ipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
	Jame (Last, First, Middle Initial) ia Trebino			Date of Receipt
Mailir	ng Address 142 Manning St			07 28 2009
City		State	Zip Code	Transaction ID: 61012A53567D0B1842
<u>Need</u>	<u>dham</u>	MA	02494-1541	Amount of Each Receipt this Period
	ID number of contributing all political committee.	С		500.00
Name Tufts	e of Employer Health Plan	Occupation SVP of C	on Operations, CIO	
Rece	ipt For:	_, -	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Jame (Last, First, Middle Initial) Tucker			Date of Receipt
	ng Address 601 Pennsylvania Av Suite 500, South Buil	ding		10 30 7 2009
City	shington	State DC	Zip Code	Transaction ID: 20091026173011-49
FEC	ID number of contributing all political committee.	C	20004	Amount of Each Receipt this Period 10.42
Name Amer Plans	e of Employer rica's Health Insurance	Occupation Senior L	on egislative & Regulatory Analy	ys .
Rece	ipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.08	
SURTO	TAL of Receipts This Page (optional)			1510.42

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	(X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 167/211 (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	PAC (AHIP PAC	;)	
Full Name (Last, First, Middle Initial) Aaron Tucker			Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South E			1 1 1 3 2 0 0 9
City Washington	State DC	Zip Code 20004	Transaction ID: 20091110151710-49 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.42
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		n egislative & Regulatory Analy Year-to-Date ▼ 250.08	ys]
Full Name (Last, First, Middle Initial) Aaron Tucker Mailing Address 601 Pennsylvania	Avenue N.W.		Date of Receipt
Suite 500, South E		Zip Code	11 30 2009
<u>Washington</u>	DC	20004	Transaction ID: 20091130125456-49 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.42
Name of Employer America's Health Insurance Plans Receipt For:		n egislative & Regulatory Analy Year-to-Date ▼	ys .
Primary General Other (specify) ▼		250.08	
Full Name (Last, First, Middle Initial) Aaron Tucker			Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South E			12 15 2009
City Washington	State DC	Zip Code 20004	Transaction ID: 20091210114025-48 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20004	10.42
Name of Employer America's Health Insurance Plans Receipt For:		egislative & Regulatory Analy	ys
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.08	
SUBTOTAL of Receipts This Page (option	nal)		31.26

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 168 / 211 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	nd Statements may not be sold or used by any per the name and address of any political committee PAC (AHIP PAC)	e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Aaron Tucker Mailing Address 601 Pennsylvania A Suite 500, South Bu		Date of Receipt 1 2 3 1 2 0 0 9
City	State Zip Code	Transaction ID: 20100104152628-48
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 10.42
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Senior Legislative & Regulatory An Aggregate Year-to-Date 250.08	nalys
Full Name (Last, First, Middle Initial) Michael Tuffin Mailing Address 601 Pennsylvania A		Date of Receipt
Suite 500, South Bu	uilding State Zip Code	0 7 1 5 2 0 0 9 Transaction ID: 2009071018017-51
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Executive Vice President Aggregate Year-to-Date 4999.92	
Full Name (Last, First, Middle Initial) Michael Tuffin		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu	uilding	07 31 7 2009
City Washington	State Zip Code DC 20004	Transaction ID: 2009072717019-51 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer America's Health Insurance Plans	Occupation Executive Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.92	
SUBTOTAL of Receipts This Page (optional	· I)	427.08

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 169 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	and Statements may not be sold or used by any period the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael Tuffin	1 AO (AHII 1 AO)	Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South E		0 8 1 4 2 0 0 9
City Washington	State Zip Code DC 20004	Transaction ID: 2009081114326-51 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Executive Vice President Aggregate Year-to-Date 4999.92	
Full Name (Last, First, Middle Initial) Michael Tuffin Mailing Address 601 Pennsylvania	Augus NIW	Date of Receipt
Suite 500, South E	Building	08 / 31 / 2009
City Washington	State Zip Code DC 20004	Transaction ID: 200909039164-51 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer America's Health Insurance Plans	Occupation Executive Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.92	
Full Name (Last, First, Middle Initial) Michael Tuffin		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South E	Building	09 / 15 / Y Y Y Y Y Y
City Washington	State Zip Code DC 20004	Transaction ID: 20090911173131-51 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer America's Health Insurance Plans	Occupation Executive Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.92	
SUBTOTAL of Receipts This Page (option	al)	624.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 170 / 211 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael Tuffin Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington		Zip Code 20004	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: □ Primary □ General □ Other (specify) ▼	1	o Vice President Year-to-Date ▼ 4999.92	208.33
Full Name (Last, First, Middle Initial) Michael Tuffin Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Executive	Zip Code 20004 2 Vice President Year-to-Date ▼ 4999.92	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Michael Tuffin Mailing Address 601 Pennsylvania Ave Suite 500, South Build City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State DC C Occupation Executive	Zip Code 20004 The Vice President Year-to-Date ▼ 4999.92	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .			624.99

	EHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 1/1/211 (check only one)
Any or fo	rinformation copied from such Reports and Stor commercial purposes, other than using the	atements may	y not be sold or used by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
—	NAME OF COMMITTEE (In Full)	iamo ana aa	droop or any pointed committee to	Solidit Continuations from Cash Committees.
\	Americas Health Insurance Plans PAC	(AHIP PAC	()	
	Full Name (Last, First, Middle Initial) Michael Tuffin			Date of Receipt
! -	Mailing Address 601 Pennsylvania Aven Suite 500, South Buildir			11 1 13 2009
	City	State	Zip Code	Transaction ID: 20091110151710-50
-	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		208.33
	Name of Employer America's Health Insurance Plans	Occupatio Executive	n e Vice President	
Ī	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify) ▼	0 0	4999.92	
				Date of Receipt
1	Mailing Address 601 Pennsylvania Aven Suite 500, South Buildin			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
(City	State	Zip Code	Transaction ID: 20091130125456-50
_	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		208.33
	Name of Employer America's Health Insurance	Occupatio	n e Vice President	
	Plans Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		4999.92	
	Full Name (Last, First, Middle Initial) Michael Tuffin			Date of Receipt
-	Mailing Address 601 Pennsylvania Aven Suite 500, South Buildir	ue N.W.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
(City	State	Zip Code	Transaction ID: 20091210114025-49
-	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.	C		208.33
	Name of Employer America's Health Insurance Plans	Occupatio Executive	n e Vice President	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		4999.92	
				624.99

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 172 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P.	AC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Michael Tuffin		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu		1 2 3 1 2 0 0 9
City	State Zip Code	Transaction ID: 20100104152628-49
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer America's Health Insurance	Occupation Executive Vice President	7
<u>Plans</u> Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	4999.92	
Full Name (Last, First, Middle Initial) Mark Van Koevering		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu		07 15 2009
City	State Zip Code	Transaction ID: 2009071018017-52
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer America's Health Insurance	Occupation Director, Federal Legislative Affairs	
Plans Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1360.00	
Full Name (Last, First, Middle Initial) Mark Van Koevering		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu		07 31 2009
City	State Zip Code	Transaction ID: 2009072717019-52
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer America's Health Insurance Plans	Occupation Director, Federal Legislative Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1360.00	
SUBTOTAL of Receipts This Page (optional		333.33
TOTAL This Period (last page this line numb	·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 173 / 211 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	he name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 601 Pennsylvania Av Suite 500, South Buil			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 2009081114326-52
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	- 	Federal Legislative Affairs Year-to-Date 1360.00	
Full Name (Last, First, Middle Initial) Mark Van Koevering			Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Buil			08 31 2009
City	State	Zip Code	Transaction ID: 200909039164-52
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n Federal Legislative Affairs e Year-to-Date T 1360.00]
Full Name (Last, First, Middle Initial) Mark Van Koevering			Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Buil			0 9 1 5 2 0 0 9
City	State	Zip Code	Transaction ID: 20090911173131-52
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer America's Health Insurance Plans	Occupatio Director,	n Federal Legislative Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1360.00	
SUBTOTAL of Receipts This Page (optional)			187.50

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 174 / 211 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 601 Pennsylvania A Suite 500, South Bu City		Zip Code	Date of Receipt M M M
Washington FEC ID number of contributing federal political committee.	DC	20004	Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		Federal Legislative Affairs Year-to-Date 1360.00	
Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 601 Pennsylvania A Suite 500, South Bu			Date of Receipt M
City	State	Zip Code	Transaction ID: 2009101210142-51
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		Federal Legislative Affairs Year-to-Date 1360.00	
Full Name (Last, First, Middle Initial) Mark Van Koevering			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			10 30 2009
City Washington	State DC	Zip Code 20004	Transaction ID: 20091026173011-51
FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans Receipt For:		n Federal Legislative Affairs Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1360.00	
SUBTOTAL of Receipts This Page (optiona			187.50

Any information copied from such Reports and Statements may not be sold or used by any pers or for commercial purposes, other than using the name and address of any political committee to NAME OF COMMITTEE (in Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ 1360.00 FULL Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code DC 20004 FULL Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Occupation Director, Federal Legislative Affairs Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code DC 20004 FEC ID number of contributing federal Director, Federal Legislative Affairs Receipt For: State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. C Occupation Director, Federal Legislative Affairs Aggregate Year-to-Date ▼ Occupation Director, Federal Legislative Affairs Receipt For: Aggregate Year-to-Date ▼ Occupation Director, Federal Legislative Affairs Parental Name of Employer America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼	FOR LINE NUMBER: PAGE 175 / 211 (check only one) X 11a
Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: General Other (specify) ▼ 1360.00 Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Other (specify) ▼ 1360.00 Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Decupation Director, Federal Legislative Affairs Aggregate Year-to-Date ▼ 1360.00 Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Cuty State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Cuty State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Cuty State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Cuty State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Director, Federal Legislative Affairs	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Q Aggregate Year-to-Date ▼ C C C C C C C C C C C C C C C C C C	
City Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary	Date of Receipt 1 1 1 3 2 0 0 9
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ C C C C C Full Name (Last, First, Middle Initial) Mark Van Koevering Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ C Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Director, Federal Legislative Affairs Aggregate Year-to-Date ▼ 1360.00 Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington Director, Federal Legislative Affairs C C C C C C C C C C C C C	Transaction ID: 20091110151710-51 Amount of Each Receipt this Period
Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code DC 20004 FEC ID number of contributing federal political committee. Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Occupation DC 20004 C	62.50
Mark Van Koevering Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Occupation Director, Federal Legislative Affairs Receipt For: Aggregate Year-to-Date Primary General Other (specify) 1360.00 Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. C C Occupation Director, Federal Legislative Affairs Occupation Director, Federal Legislative Affairs	
City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Name of Employer America's Health Insurance Plans Occupation Director, Federal Legislative Affairs	Date of Receipt
Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington Director, Federal Legislative Affairs Aggregate Year-to-Date ▼ 1360.00 Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Occupation Director, Federal Legislative Affairs	1 1 3 0 2 0 0 9 Transaction ID: 20091130125456-51
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Occupation Director, Federal Legislative Affairs	Amount of Each Receipt this Period
America's Healfh Insurance Plans Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Pirmary Aggregate Year-to-Date Table 1360.00 Coupation DC Occupation Director, Federal Legislative Affairs	62.50
Primary General Other (specify) Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Occupation Director, Federal Legislative Affairs	
Mark Van Koevering Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Occupation Director, Federal Legislative Affairs	
Suite 500, South Building City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Occupation Director, Federal Legislative Affairs	Date of Receipt
Washington DC 20004 FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Occupation Director, Federal Legislative Affairs	12 15 2009
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Occupation Director, Federal Legislative Affairs	Transaction ID: 20091210114025-50 Amount of Each Receipt this Period
America's Health Insurance Plans Director, Federal Legislative Affairs	62.50
Receipt For:	
Primary General Other (specify) ▼ 1360.00	
SUBTOTAL of Receipts This Page (optional)	187.50

SCHEDULE A (FEC I	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 1/6/211 (check only one)
Any information copied from such or for commercial purposes, other	h Reports and Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In	<u>-</u>	areas or any pontion committee to	Solidi Contributions from Such Committee.
\	ce Plans PAC (AHIP PAC	5)	
Full Name (Last, First, Middle Mark Van Koevering	· Initial)		Date of Receipt
	nsylvania Avenue N.W.), South Building		12 31 2009
City	State	Zip Code	Transaction ID: 20100104152628-50
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer America's Health Insurance Plans	Occupation Director,	n Federal Legislative Affairs	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary Gene Other (specify) ▼	ral	1360.00	
Full Name (Last, First, Middle Daniel Vigil	Initial)		Date of Receipt
	nsylvania Avenue N.W.), South Building		07 15 7 2009
City	State	Zip Code	Transaction ID: 2009071018017-53
<u>Washington</u>	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.	C		31.25
Name of Employer America's Health Insurance Plans	Occupation Deputy D	n Director, State Publications	
Receipt For:		Year-to-Date	
Primary Gene Other (specify) ▼	ral	750.00	
Full Name (Last, First, Middle Daniel Vigil	Initial)		Date of Receipt
Mailing Address 601 Penr	nsylvania Avenue N.W.), South Building		07 31 Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 2009072717019-53
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.	g C		31.25
Name of Employer America's Health Insurance Plans	Occupation Deputy D	n Director, State Publications	
Receipt For:		Year-to-Date V	
Primary Gene Other (specify) ▼	ral	750.00	
	<u> </u>		125.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 1///211 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	not be sold or used by any person	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	THO HAITIO AITA AA	aroco or arry pointed committee to	Solidit Continuations from Cash Committees.
Americas Health Insurance Plans P	AC (AHIP PAC	5)	
Full Name (Last, First, Middle Initial) Daniel Vigil			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			08 14 2009
City	State	Zip Code	Transaction ID: 2009081114326-53
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		31.25
Name of Employer America's Health Insurance Plans	Occupation Deputy D	n Director, State Publications	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		750.00	
Full Name (Last, First, Middle Initial) Daniel Vigil	l e		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			08 / 31 / Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 200909039164-53
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		31.25
Name of Employer America's Health Insurance Plans	Occupation Deputy D	n Director, State Publications	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		750.00	
Full Name (Last, First, Middle Initial) Daniel Vigil			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			0 9 1 5 2 0 0 9
City	State	Zip Code	Transaction ID: 20090911173131-5
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		31.25
Name of Employer America's Health Insurance Plans	Occupation Deputy D	n Pirector, State Publications	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	750.00	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 178 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans	PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Daniel Vigil		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South E		09 30 2009
City	State Zip Code DC 20004	Transaction ID: 2009092994629-53
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Deputy Director, State Publications Aggregate Year-to-Date 750.00	
Full Name (Last, First, Middle Initial) Daniel Vigil		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South E		10 15 2009
City	State Zip Code	Transaction ID: 2009101210142-52
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans	Occupation Deputy Director, State Publications	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Daniel Vigil		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South E		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20004	Transaction ID: 20091026173011-52
FEC ID number of contributing federal political committee.	C 20004	Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans	Occupation Deputy Director, State Publications	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (option	nal)	93.75
TOTAL This Period (last page this line nul	•	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 179 / 211 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Daniel Vigil Mailing Address 601 Pennsylvania Av	vorana NI VA/	·	Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Buil			11 1 13 7 2009
City	State	Zip Code	Transaction ID: 20091110151710-52
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		31.25
Name of Employer America's Health Insurance Plans	Occupation Deputy D	n Director, State Publications	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Daniel Vigil			Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Buil	lding		11 30 7 9 9 9
City	State	Zip Code	Transaction ID: 20091130125456-52
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 31.25
Name of Employer America's Health Insurance Plans	Occupation Deputy D	n Director, State Publications	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Daniel Vigil			Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Buil			12 15 2009
City	State	Zip Code	Transaction ID: 20091210114025-51
Washington FEC ID number of contributing	C	20004	Amount of Each Receipt this Period 31.25
federal political committee. Name of Employer America's Health Insurance	Occupation		
Plans Receipt For: Primary Other (specify) ▼		Director, State Publications Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional)			93.75

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 180 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	Statements may not be sold or used by any per see name and address of any political committee C (AHIP PAC)	son for the purpose of soliciting contributions
∠ \ .	Full Name (Last, First, Middle Initial) Daniel Vigil Mailing Address 601 Pennsylvania Av Suite 500, South Buil City		Date of Receipt 1 2 3 1 2 0 0 9
	Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 31.25
	Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Deputy Director, State Publications Aggregate Year-to-Date 750.00	
3.	Full Name (Last, First, Middle Initial) Kelly Vogel Mailing Address 601 Pennsylvania Av South Building, Suite		Date of Receipt
	City	State Zip Code	Transaction ID: 51341CD4740663D872
	Washington	DC 20004-2601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2000.00
	Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼	Occupation VP, Federal Affairs Aggregate Year-to-Date ▼ 2000.00	
_	Full Name (Last, First, Middle Initial) Marilyn Zigmund Luke		Date of Receipt
	Mailing Address 601 Pennsylvania Av Suite 500, South Buil	ding	11 1 13 2009
	City Washington	State Zip Code DC 20004	Transaction ID: 20091110151710-54 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.00
	Name of Employer America's Health Insurance Plans Receipt For:	Occupation Senior Regulatory Counsel Aggregate Year-to-Date ▼	
_	Primary General Other (specify) ▼	210.00	
			2041.25

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 181 / 211 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	he name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Robert Zirkelbach Mailing Address 601 Pennsylvania Av Suite 500, South Buil			Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 2009071018017-56
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		n anager, Media Relations Year-to-Date ▼ 1000.08	
Full Name (Last, First, Middle Initial) Robert Zirkelbach Mailing Address 601 Pappaulyania Av	vonue NI W		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			07 / 31 / 2009
City	State	Zip Code	Transaction ID: 2009072717019-56
Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Senior M	n anager, Media Relations	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.08	
Full Name (Last, First, Middle Initial) Robert Zirkelbach			Date of Receipt
Mailing Address 601 Pennsylvania Av Suite 500, South Buil			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State DC	Zip Code 20004	Transaction ID: 2009081114326-56
FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Senior M	n anager, Media Relations	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.08	
SUBTOTAL of Receipts This Page (optional)			125.01

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 182 / 211 (check only one) X
Any ir or for	nformation copied from such Reports and S commercial purposes, other than using the	statements mag name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ \	AME OF COMMITTEE (In Full) mericas Health Insurance Plans PAC			
	ıll Name (Last, First, Middle Initial) obert Zirkelbach			Date of Receipt
Ma	ailing Address 601 Pennsylvania Ave Suite 500, South Build			08 31 7 2009
Cit	ty /ashington	State DC	Zip Code	Transaction ID: 200909039164-56
FE	EC ID number of contributing deral political committee.	C	20004	Amount of Each Receipt this Period 41.67
Pl	ame of Employer merica's Health Insurance ans eccipt For:		n Ianager, Media Relations e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.08	
	ıll Name (Last, First, Middle Initial) obert Zirkelbach	•		Date of Receipt
Ma	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Washington DC		Zip Code	Transaction ID: 20090911173131-56
FE	EC ID number of contributing deral political committee.	C	20004	Amount of Each Receipt this Period 41.67
Ar	ame of Employer merica's Health Insurance ans	Occupatio Senior M	n Ianager, Media Relations	
	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.08	
	ıll Name (Last, First, Middle Initial) obert Zirkelbach	<u> </u>		Date of Receipt
_	ailing Address 601 Pennsylvania Ave Suite 500, South Build	ing		09 / 30 / 2009
Cit W	ty /ashington	State DC	Zip Code 20004	Transaction ID: 2009092994629-56 Amount of Each Receipt this Period
FE	EC ID number of contributing deral political committee.	C	20007	41.67
<u>Pl</u>	ame of Employer nerica's Health Insurance ans		lanager, Media Relations	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.08	
CUB	TOTAL of Receipts This Page (optional)	1		125.01

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 183 / 211 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Americas Health Insurance Plans Page 1	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Robert Zirkelbach	(,	Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			10 15 7 9 9 9
City <u>Washington</u>	State DC	Zip Code 20004	Transaction ID: 2009101210142-55 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼		n anager, Media Relations Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Robert Zirkelbach Mailing Address 601 Pennsylvania Av	vonuo NI W		Date of Receipt
Suite 500, South Bu	ilding	7.0	10 30 2009
City Washington	State DC	Zip Code 20004	Transaction ID: 20091026173011-55 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans		anager, Media Relations	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.08	
Full Name (Last, First, Middle Initial) Robert Zirkelbach			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			1 1 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State DC	Zip Code 20004	Transaction ID: 20091110151710-55 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		41.67
Name of Employer America's Health Insurance Plans	Occupation Senior M	n anager, Media Relations	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.08	
SUBTOTAL of Receipts This Page (optional))		125.01

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 184 / 211 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	and Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans	PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Robert Zirkelbach		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South I		11 30 2009
City	State Zip Code	Transaction ID: 20091130125456-55
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Senior Manager, Media Relations Aggregate Year-to-Date 1000.08	
Full Name (Last, First, Middle Initial) Robert Zirkelbach		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South I		12 15 2009
City	State Zip Code	Transaction ID: 20091210114025-53
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Manager, Media Relations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	
Full Name (Last, First, Middle Initial) Robert Zirkelbach		Date of Receipt
Mailing Address 601 Pennsylvania Suite 500, South I	Building	12 31 2009
City Washington	State Zip Code DC 20004	Transaction ID: 20100104152628-53 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Manager, Media Relations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	
SUBTOTAL of Receipts This Page (option	nal)	125.01
TOTAL This Period (last page this line nu	mber only)	71893.50

Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAG	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
/		
Full Name (Last, First, Middle Initial) Aetna Inc. Political Action Committee Mailing Address 151 Farmington Ave. Rw4A City Hartford FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code CT 06156 C C00181826 Occupation Aggregate Year-to-Date ▼ 5000.00	Date of Receipt M M M / D D / Y Y Y Y Y O 9
Full Name (Last, First, Middle Initial) Amerigroup Corporation Political Action Committ Mailing Address 4425 Corporation Lan City Virginia Beach FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	,	Date of Receipt M M M / D D / Y Y Y Y Y 1 2 0 0 9 Transaction ID: 571C19ABCDE13B4BD00 Amount of Each Receipt this Period 2500.00
Full Name (Last, First, Middle Initial) Health Alliance Plan Pac Mailing Address 2850 West Grand Bou City Detroit FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code MI 48202 C C00410670 Occupation Aggregate Year-to-Date 5000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		12500.00

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 186 / 211 (check only one) 11a 11b X 11c 12 13 14 15 16 17	
	Any information copied from such Reports and So or for commercial purposes, other than using the	tatements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	(AHIP PAC	;)	
Α.	Full Name (Last, First, Middle Initial) Mutual of Omaha Companies Pac (IMPAC)			Date of Receipt
	Mailing Address Mutual of Omaha Plaza	a		1 2 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18E58B8803F5C95DBFB
	Omaha	NE	68175	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C cod	0094581	2500.00
	Name of Employer	Occupatio	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2500.00	
В.	Full Name (Last, First, Middle Initial) Universal American Corp. Pac			Date of Receipt
	Mailing Address 6 International Drive Suite 190			12 03 YYYYY 12009
	City	State	Zip Code	Transaction ID: 5576850CB62D363DC9D
	Rye Brook	NY	10573	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C C004 Name of Employer Occupation		0433029	5000.00
			n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	•	7500.00
TOTAL This Period (last page this line number only)	•	20000.00

	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 187 / 211 (check only one) 11a 11b 11c 12 13 14 X 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) Americas Health Insurance Plans Page 1			son for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania A 11th Floor City Washington FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State DC C Occupation	Zip Code 20004 n Year-to-Date ▼ 1728.12	Date of Receipt M M
В.	Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania A 11th Floor City Washington FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State DC C Occupation	Zip Code 20004	Date of Receipt M M D D D 2009 Transaction ID: 3AF98F48A7BCF0F3533 Amount of Each Receipt this Period 180.46 Reimbursement for Merchant/AMEX Service Fees
_ C.	Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania A 11th Floor City Washington FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State DC C Occupation	Zip Code 20004	Date of Receipt M M M D D D 2 2 0 0 9 Transaction ID: 81E4A2C36A165325E37 Amount of Each Receipt this Period 24.00 Reimbursment of Wire Transfer Fees
	SUBTOTAL of Receipts This Page (optional))		228.46

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 188 / 211 (check only one) 11a 11b 11c 12 13 14 X 15 16 17	
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC	name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.	
A.	Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave	, NW	Date of Receipt 0 9 0 3 2 0 0 9	
	City Washington	State Zip Code DC 20004	Transaction ID: 4274FE48AE3FCF63D42 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	31.66	
	Name of Employer Receipt For: Primary General	Occupation Aggregate Year-to-Date ▼	Reimbursement of Merchant Service Fees	
_	Other (specify) ▼ Full Name (Last, First, Middle Initial)	1728.12	Data of Danaira	
3.	Citibank Mailing Address 1101 Pennsylvania Ave 11th Floor	, NW	Date of Receipt 1 0 0 5 2 0 0 9	
	City	State Zip Code	Transaction ID: 63444A89B00FC87D049	
	Washington	DC 20004	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С	24.00 Reimbursement for Wire Tr-	
	Name of Employer	Occupation	ansfer Fee	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1728.12		
- C.	Full Name (Last, First, Middle Initial) Citibank		Date of Receipt	
	Mailing Address 1101 Pennsylvania Ave		10 05 2009	
	City Washington	State Zip Code DC 20004	Transaction ID: 24ABA9885EF2F315A88 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	61.86	
	Name of Employer	Occupation	Reimbursement for Merchant Service Fees	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1728.12		
	SUBTOTAL of Receipts This Page (optional)		117.52	
	TOTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 189 / 211 (check only one) 11a 11b 11c 12 13 14 X 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plans P	AC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Citibank		Date of Receipt
Mailing Address 1101 Pennsylvania 11th Floor	·	11 04 7 2009
City <u>Washington</u>	State Zip Code DC 20004	Transaction ID: 72F290F1DC1BD382F Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	238.58
Name of Employer	Occupation	Reimbursement of Merchant Service Fees
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1728.12	
Full Name (Last, First, Middle Initial) Citibank		Date of Receipt
Mailing Address 1101 Pennsylvania 11th Floor	Ave, NW	11 04 2009
City	State Zip Code	Transaction ID: A60C9060124C591D10
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	24.00
Name of Employer	Occupation	Reimbursement of Wire Tra- nsfer Fees
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1728.12]
Full Name (Last, First, Middle Initial) Citibank		Date of Receipt
Mailing Address 1101 Pennsylvania 11th Floor	Ave, NW	12 03 7 2009
City	State Zip Code	Transaction ID: D8CE9B6384C46D0E2
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	24.00 Reimbursement of Wire Tra-
Name of Employer	Occupation	nsfer Fees
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1728.12	
	l)	286.58

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 190 / 211 (check only one) 11a 11b 11c 12 13 14 X 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PA	C (AHIP PAC)		
Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Av	ve, NW		Date of Receipt 1 2 0 3 2 0 0 9
11th Floor City Washington	State	Zip Code 20004	Transaction ID: 61BCD24F0E105EE3033 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20004	75.06
Name of Employer	Occupation		Reimbursement of Merchant Service Fees
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1728.12	

SUBTOTAL of Receipts This Page (optional)	•	75.06
TOTAL This Period (last page this line number only)	•	707.62

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	NUMBER:	PAGE 191 / 211
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 28b	24 25 26 28c 29 30
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)	cana address or any pointed		more correspond from	
Americas Health Insurance Plans PAC (Al	HIP PAC)			
Full Name (Last, First, Middle Initial)			Transaction ID:	B303D073D5995C76
Bank of America			Date of Disbursen	
Mailing Address 730 15th Street, NW Second Floor			07	2009
City Washington	State Zip Code DC 20005		Amount of Each D	Disbursement this Period
Purpose of Disbursement	20003			12.00
Wire Transfer Fee		001		
Candidate Name	_	Category/ Type		
Office Sought: House Disburse Senate	ement For: Primary General			
President	Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) Bank of America			Transaction ID: Date of Disbursen	73285B79B553E7E5
Mailing Address 730 15th Street, NW Second Floor			07 7 30	
City	State Zip Code		Amount of Each D	Disbursement this Period
Washington Purpose of Disbursement	DC 20005			12.00
Wire Transfer Fee		001		
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ement For: Primary Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) Bank of America			Date of Disbursen	
Mailing Address 730 15th Street, NW Second Floor			08 / 12	2 7 2009
City Washington	State Zip Code DC 20005		Amount of Each D	Disbursement this Period
Purpose of Disbursement	20005			12.00
Wire Transfer Fee		001		
Candidate Name		Category/ Type		
Senate	ement For: Primary General			
President State: District:	Other (specify)			
SUBTOTAL of Disbursements This Page (optional)		>		36.00
TOTAL This Period (last page this line number only)				
6AN026)		B (Form 3X) (Revised 0

	CHEDULE B (FEC Form 3X)	Use sepa		FOR LINE NUMBER: (check only one)							PAGE 192/211				
ITI	EMIZED DISBURSEMENTS		category of the Summary Page	X	-		22 28a	23		Н	24 28c	П	25 29	26	
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_	or commercial purposes, other than using the nam	e and addre	ss of any political c	commi	ttee to s	Olicit	contr	ibution	s tro	om s	sucn c	omn	iittee		
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	Full Name (Last, First, Middle Initial) Bank of America							action of Disb				D4E	6EDA	7 A 3E	
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	Full Name (Last, First, Middle Initial) Bank of America							action of Disb				E0C	C85E1	236A	
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or for com NAME Amer Full Na Bank Mailing City Wash Purpos Wire T Candid Office State: Full Na Bank Mailing City Wash Purpos Wire T Candid Office Office	mercial purposes, other than using the composed of the compose	t, NW State DC Disbursement For: Primary Other (spec	Zip Code 20005	001 Category/	Transaction ID: 594EAB8533052CFE3 Date of Disbursement Mo M / D D / Y Z O O 9 Amount of Each Disbursement this Period 12.00 Transaction ID: 21F43D4B1E6A14258 Date of Disbursement
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City Wash Purpos Wire T Candid		t, NW			1 W W \ D D \ A Ā Ā A
Wash Purpos Wire T Candid					10
Wire T Candid Office	nington	State DC	Zip Code 20005		Amount of Each Disbursement this Period
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	date Name	1		Category/ Type	
	Sought: House Senate President District:	Disbursement For: Primary Other (spec	General cify) ▼		
	ame (Last, First, Middle Initial) of America				Transaction ID: 05E5ED4DF01E1D25 Date of Disbursement
Mailing	g Address 730 15th Street Second Floor	t, NW			111 / 13 / 2009
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	Senate President	Primary Other (spec	General cify) ▼		
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only	vone) 22 23 24 25 26
Any Information copied from such Reports and Sta or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC)		
Full Name (Last, First, Middle Initial) Bank of America Mailing Address 730 15th Street, NW Second Floor			Transaction ID: E44716FDD10F3518EF1 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington Purpose of Disbursement	State Zip Code DC 20005		Amount of Each Disbursement this Period
Wire Transfer Fee Candidate Name		001 Category/ Type	
Office Sought: House Disbution Senate President State: District:	rsement For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) Bank of America Mailing Address 730 15th Street, NW			Transaction ID: 42427A495B175D54981 Date of Disbursement M 2 M / D 1 5 / Y Y Y O 0 9 Y
Second Floor City Washington	State Zip Code DC 20005		Amount of Each Disbursement this Period
Purpose of Disbursement Wire Transfer Fee Candidate Name		001 Category/ Type	12.00
Office Sought: House Disbu Senate President State: District:	rsement For: Primary General Other (specify)	Турс	
Full Name (Last, First, Middle Initial) Bank of America			Transaction ID: AB904A87B9A1C7F8BE6
Mailing Address 730 15th Street, NW Second Floor			1 2 M / D 2 B / Y 2 0 0 9 Y
City Washington	State Zip Code DC 20005		Amount of Each Disbursement this Period
Purpose of Disbursement Wire Transfer Fee Candidate Name		001 Category/ Type	12.00
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TOTAL This Period (last page this line number only)

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111	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	I -	21b 27	$\stackrel{\frown}{\Box}$ 2	22 28a	23 28b		24 28c	25 29	\vdash	26 30k
	y Information copied from such Reports and Staten for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (Al-	e and address of any political										
/	Americas riealin insurance rians i AO (Ai	III 1 AO)										
	Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave,	NW			D		ction ID Disburs	ement		6336F		335
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	City Washington	State Zip Code DC 20004			A	moun	t of Eacl	1 DISDI	ursem	ient this	Period	J
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	City Washington	State Zip Code DC 20004			A	moun	t of Eacl	n Disbi	ursem			t
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	Mailing Address 1101 Pennsylvania Ave, 11th Floor	NW				0 ^M 7 ^M	/ D	1 0	Y	žoŏ	9	
	City Washington	State Zip Code DC 20004			A	moun	t of Eacl	n Disbi	ursem			t
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11	EMIZED DIS	BURSEMEN [®]	15		category of the Summary Page		21b 27	22 28a	23 28b	22		5 26
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	NAME OF COMM Americas Healt	IITTEE (In Full) th Insurance Plans	PAC (AH	IP PAC)								
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/	Americas Healt	h Insurance Plans	S PAC (AF	IIP PAC)											
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TOTAL This Period (last page this line number only)

SCHEDIII E B (FEC Form 3Y)

SCHEDULE B (FEC FOIIII 3X)	Use separate schedule(s)	FOR LINE (check only	NUMBER:	PAGE 198 / 211
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A	me and address of any political			
Full Name (Last, First, Middle Initial) Citibank Mailing Address 1101 Pennsylvania Ave 11th Floor City	e, NW State Zip Code		Date of Disbursement	DAB54F0E2AFE61930nt / Y Y Y O O 9 bursement this Period
Washington Purpose of Disbursement Merchant Service Fee Candidate Name	DC 20004	001 Category/ Type	, and a second s	31.74
Senate President State: District: Full Name (Last, First, Middle Initial)	sement For: Primary General Other (specify)		Transaction ID: 8	 9BB1F81A4C9B51C4:
Citibank Mailing Address 1101 Pennsylvania Ave			Date of Disbursemen	
City Washington Purpose of Disbursement Merchant Service Fees Candidate Name	State Zip Code DC 20004	001 Category/ Type	Amount of Each Disl	bursement this Period
Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial)	sement For: Primary General Other (specify) ▼			
Citibank Mailing Address 1101 Pennsylvania Ave	ı. NW		Date of Disbursemen	98FBF25B61FC530E nt / Y Y Y O Y 9 Y
City Washington Purpose of Disbursement Merchant Service Fee Candidate Name	State Zip Code DC 20004	001 Category/	Amount of Each Disl	bursement this Period 31.74
Office Sought: House Senate President State: District:	sement For: Primary General Other (specify) ▼	Туре		
SUBTOTAL of Disbursements This Page (optional)	b		248.40
TOTAL This Period (last page this line number onl	y)			948.28

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N		PAGE 199 / 211			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b	22 X 23 2	24 25 26			
		27		28c 29 30b			
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)	s and addition of any pointed to						
Americas Health Insurance Plans PAC (Al-	HIP PAC)						
Full Name (Last, First, Middle Initial) Adler for Congress			Transaction ID: 18 Date of Disbursement	900-7470666766166			
Mailing Address 14 Knightswood Drive			12 / D 1 4	2009			
City Marlton	State Zip Code NJ 08053		Amount of Each Disb	ursement this Period			
Purpose of Disbursement 2010 Primary Contribution		011		1000.00			
Candidate Name John H. Adler	(Category/ Type					
	Primary General Other (specify)						
Full Name (Last, First, Middle Initial)			- .:	705 00000 10500 101			
Boucher for Congress Committee			Date of Disbursement				
Mailing Address PO Box 2000 PO Box 2000			0 9 3 0	2009			
City Abingdon	State Zip Code VA 24212		Amount of Each Disb	ursement this Period			
Purpose of Disbursement 2010 Primary Contribution		011		1000.00			
Candidate Name Frederick C. Boucher	(Category/ Type					
Senate X President	ement For: 2010 Primary General Other (specify)						
State: VA District: 09							
Full Name (Last, First, Middle Initial) Charles Boustany Jr Md for Congress, Inc			Date of Disbursement				
Mailing Address PO Box 80126			09 / 30	2 0 0 9 °			
Lafayette	State Zip Code LA 70598		Amount of Each Disb	ursement this Period			
Purpose of Disbursement 2010 Primary Contribution		011		1000.00			
Candidate Name Charles W. Boustany, Jr.		Category/ Type					
9 1	ment For: 2010 Primary General Other (specify)						
SUBTOTAL of Disbursements This Page (optional)				3000.00			
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Americas Health Insurance Plans PAC (AHIP PAC)											
Full Name (Last, First, Middle Initial)									1578	1-39	19641	3755
Charlie Melancon Campaign Committee	Inc					Date	of D	Disburse		V • V	,	V
Mailing Address PO Box 549 PO Box 549						0 9	IVI	[′]	0 /	` 2	0 0 9	
City Napoleonville	State LA	Zip Code 70390				Amo	unt d	of Each	Disburs	-		eriod
Purpose of Disbursement 2010 Primary Contribution			Г	Ō.	11] L	-			10	00.00	_
Candidate Name Charlie Melancon					gory/ pe							
Office Sought: House X Senate President Disbu	rsement For: X Primary Other (spe	2010 General										
State: LA District:												
Full Name (Last, First, Middle Initial) Committe To Re-Elect Ed Towns								i on ID: Disburse	92769 ement	5-67	36719	0122
Mailing Address 438 Lewis Avenue						0 ^M 9	М	[′] 3	0 /	Y	0 ŏ 9	Y
City Brooklyn	State NY	Zip Code 11233				Amo	unt d	of Each	Disburs	emer	t this P	eriod
Purpose of Disbursement 2010 Primary Contribution			Г	0.	11	1 L				10	00.00	
Candidate Name Edolphus Towns					gory/ pe							
Office Sought: X House Senate President State: NY District: 10	rsement For: X Primary Other (spe	2010 General			-							
Full Name (Last, First, Middle Initial)						_						
Dave Camp for Congress 2010						_	of D	isburse		1-31	64026	1411
Mailing Address 5915 Eastman Avenue Suite 100)					0 9	М	[′] 3	0 /	[*] 2	0 0 9	Y
City Midland	State MI	Zip Code 48640				Amo	unt d	of Each	Disburs	-		eriod
Purpose of Disbursement 2010 Primary Contribution			Г	Ō.	11					10	00.00	
Candidate Name Dave Camp					gory/ pe							
Senate President	rsement For: X Primary Other (spe	2010 General										
State: MI District: 04							_		, , ,	_		
SUBTOTAL of Disbursements This Page (options	al)					L	-			30	00.00	-
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SCHEDULE B (FEC FOIII 3/	/ Use separate schedule(s	(check on	E NUMBER: PAGE 201 / 211
ITEMIZED DISBURSEMENTS	Detailed Summary Page	21b 27	22 X 23 24 25 28 28a 28b 28c 29
Any Information copied from such Reports and or for commercial purposes, other than using			
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P	··		
Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress Mailing Address Post Office Box 9:	200		Transaction ID: 92765-14912050962 Date of Disbursement 0 9 7 9 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
			00 00 2000
City Fargo	State Zip Code ND 58106		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Contribution		011	2500.00
Candidate Name Earl Pomeroy		Category/ Type	
Senate President	Disbursement For: 2010 X Primary General Other (specify)	•	
State: ND District: 01 Full Name (Last, First, Middle Initial)			Transaction ID: 46834-4625818133
Every Republican Is Crucial (ERICF	PAC)		Date of Disbursement
Mailing Address 25 East Main Stre	et, Suite 200		12 2 1 7 2 0 0 9
City Richmond	State Zip Code VA 23219		Amount of Each Disbursement this Period
Purpose of Disbursement 2009 Contribution		011	5000.00
Candidate Name Every Republican Is Crucial (ERICF	AC)	Category/ Type	
Office Sought: House Senate President	Disbursement For: 2009 Primary General X Other (specify)	1 -7,5-2	
State: District: (Control of the Control of the Con	Contribution		Transaction ID: 18900-4334070086 Date of Disbursement
Mailing Address 201 North Union S Suite 300	Street		12 / 14 / 2009
City Alexandria	State Zip Code VA 22314		Amount of Each Disbursement this Period
Purpose of Disbursement 2009 Contribution	-	011	2500.00
Candidate Name Forward Together Pac		Category/ Type	
Office Sought: House	Disbursement For: 2009 Primary General	1 71-	
Senate President	X Other (specify) ▼		
President	X Other (specify) ▼ Contribution		

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)		OR LINE heck only	NUMBER: v one)	PAGE 202/211
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ė	21b 27	22 X 23 28a 28b	24 25 2 28c 29
	y Information copied from such Reports and State for commercial purposes, other than using the na						
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A						
<u></u>	Full Name (Last, First, Middle Initial) Friends for Gregory Meeks					Transaction ID: 9	92765-55237978696 ent
	Mailing Address 153-01 Jamaica Ave. S	uite 535				09 7 30	2009
	City Jamaica	State Zip Code NY 11432				Amount of Each Di	sbursement this Period
	Purpose of Disbursement 2010 Primary Contribution			01			2500.00
	Candidate Name Gregory W. Meeks			ate Typ	gory/ be		
	Senate President	sement For: 2010 X Primary General Other (specify)					
	State: NY District: 06 Full Name (Last, First, Middle Initial) Friends of Dave Reichert					Transaction ID:	15781-47320193052
	Mailing Address PO Box 53322					0 9 3 0	
	City Bellevue	State Zip Code WA 98015				Amount of Each Di	sbursement this Period
	Purpose of Disbursement 2010 Primary Contribution			01	1		1000.00
	Candidate Name David G. Reichert			ateç Typ	gory/ be		
	3 1	sement For: 2010 X Primary General Other (specify)	•				
	Full Name (Last, First, Middle Initial) Friends of John Barrow					Date of Disbursem	
	Mailing Address PO Box 8166					09 7 30	2009
	City Savannah	State Zip Code GA 31412				Amount of Each Di	sbursement this Period
	Purpose of Disbursement 2010 Primary Contribution			01			1000.00
	Candidate Name John Jenkins Barrow			ateo Typ	gory/ be		
	9 7	sement For: 2010 X Primary General Other (specify)					
_	Sales of Programme						4500.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER:	PAGE 203/211			
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	22 X 23 28a 28b	24 25 26 28c 29 30			
ny Information copied from such Reports and Stater r for commercial purposes, other than using the nam							
NAME OF COMMITTEE (In Full)	o and address of any pointed						
Americas Health Insurance Plans PAC (Al	HIP PAC)						
Full Name (Last, First, Middle Initial)			Transaction ID:	92765-11295717954			
Friends of John McCain Inc			Date of Disburseme				
Mailing Address PO Box 16664			0 9	['] 2009			
City Arlington	State Zip Code VA 22215		Amount of Each Dis	sbursement this Period			
Purpose of Disbursement				2500.00			
2010 Primary Contribution		011					
Candidate Name John McCain		Category/ Type					
· H.	ement For: 2010						
X Senate X President	Primary General Other (specify) ▼						
State: AZ District:							
Full Name (Last, First, Middle Initial) Friends of John Thune				92765-33555239439			
			Date of Disburseme				
Mailing Address 200 North Phillips Avenu	ue Ste L101		09 / 30	['] 2009			
City Sioux Falls	State Zip Code SD 57104		Amount of Each Dis	sbursement this Period			
Purpose of Disbursement	0.101	· ·		2500.00			
2010 Primary Contribution Candidate Name		011 Category/					
John R. Thune		Type					
	ement For: 2010 Primary General						
X Senate X President	Other (specify)						
State: SD District:							
Full Name (Last, First, Middle Initial) Friends of Schumer			Transaction ID: 9 Date of Disburseme	99396-17467898130 ent			
Mailing Address 509 Madison Ave Suite	1902		10 / 05	['] 2009			
City	State Zip Code		Amount of Each Dis	sbursement this Period			
New York Purpose of Disbursement	NY 10022			2500.00			
2010 Primary Contribution		011					
Candidate Name Charles E. Schumer		Category/ Type					
• —	ement For: 2010						
X Senate X President	Primary General Other (specify)						
State: NY District:	- (-i <i>y)</i> •						
SUBTOTAL of Disbursements This Page (optional)		<u></u>		7500.00			
TOTAL This Period (last page this line number only							
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	CHEDULE B (FEC FOIIII 3X)	Use separate sche	aule(s)	OR LINE NUM heck only one)		PAGE 204/21
	EMIZED DISBURSEMENTS	for each category of Detailed Summary	Page	21b 22 27 28	2 X 23 28b	24 25 29 29
	y Information copied from such Reports and Stat or commercial purposes, other than using the na					
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC)				
<u></u>	Full Name (Last, First, Middle Initial) Gillibrand for Senate			Da	te of Disburseme	
	Mailing Address 313 C Street NE			1	0 05	['] 2009 [']
	City Washington	State Zip Cod DC 20002	е	An	nount of Each Dis	sbursement this Peri
	Purpose of Disbursement 2010 Primary Contribution		01	1.		1000.00
	Candidate Name Kirsten E. Gillibrand		Cateo Typ	, ,		
	X Senate President	rsement For: 201 X Primary Ge Other (specify)	0 eneral			
	State: NY District: Full Name (Last, First, Middle Initial)					8900-175533473
	Gingrey for Congress Mailing Address PO Box U			N	te of Disburseme 2 1 4	ent
	City Marietta	State Zip Cod GA 30060	e	An	nount of Each Dis	sbursement this Peri
	Purpose of Disbursement 2010 Primary Contribution	GA 30000	01	1		1000.00
	Candidate Name John Phillip Gingrey		Categ	gory/		
	Office Sought: X House Senate President State: GA District: 11	rsement For: 201 X Primary Ge Other (specify)				
	Full Name (Last, First, Middle Initial) Griffith for Congress				ansaction ID: 9	92765-966671168 ent
	Mailing Address Post Office Box 2916			0	9 4 7 3 0	y 2009°
	City Huntsville	State Zip Cod AL 35804	е	An	nount of Each Dis	sbursement this Peri
	Purpose of Disbursement 2010 Primary Contribution		01	1		2000.00
	Candidate Name Parker Griffith		Cateo	gory/		
	Office Sought: X House Senate President State: AL District: 05	rsement For: 201 X Primary Ge Other (specify)				
_	JBTOTAL of Disbursements This Page (optional	ul)		• [4000.00

SCHEDULE B (FEC Form ITEMIZED DISBURSEME		' Use separate schedule(s		FOR LINE (check only	IE NUMBER: PAGE 205 / 2 nly one)			
		Detailed	Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29			
					or the purpose of soliciting contributions licit contributions from such committee			
NAME OF COM	•							
•	First, Middle Initial) orting Buyer for Congr	ess			Transaction ID: 15781-2613336443 Date of Disbursement			
Mailing Address	103 West Broadwa 200 North Main St.	y St, PO Box 71 PO Box 712	12		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 3 & 0 \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & 0 & 0 & 9 \\ Y & 2 & 0 & 0 & 9 \end{bmatrix}$			
City Monticello		State IN	Zip Code 47960		Amount of Each Disbursement this Perio			
Purpose of Disbu 2010 Primary Co				011	500.00			
Candidate Name Stephen E. Bu	yer			Category/ Type				
Office Sought:	X House Di Senate President	sbursement For: X Primary Other (spe	2010 General ecify) ▼					
State: IN	District: 04							
•	First, Middle Initial) nities and Education, F	Pac (JOE-PAC)			Transaction ID: 46834-4979364275 Date of Disbursement			
Mailing Address	84-56 Grand Avenu	ie			$\begin{bmatrix} 1 & 2 & 1 \\ 1 & 2 & 1 \end{bmatrix} \begin{bmatrix} 1 & 2 & 1 \\ 2 & 1 \end{bmatrix} \begin{bmatrix} 1 & 2 & 1 \\ 2 & 2 & 0 & 0 \end{bmatrix}$			
City Elmhurst		State NY	Zip Code 11373		Amount of Each Disbursement this Perio			
Purpose of Disbu 2009 Contribution				011	2500.00			
Candidate Name Jobs, Opportu	nities and Education, F	Pac (JOE-PAC)		Category/ Type				
Office Sought:	Senate President	sbursement For: Primary X Other (spe	2009 General	71-2				
	District: Construction Construc	ontribution			Transaction ID: 92765-1927606463			
Mailing Address	205 5th Avenue So Suite 428	uth			$\begin{bmatrix}\begin{smallmatrix}M\\OO\end{smallmatrix}\end{bmatrix}^M / \begin{bmatrix}D30\end{smallmatrix} / \begin{bmatrix}Y&Y&Y&0&0&O\\2&0&0&O\end{smallmatrix}\end{bmatrix}^Y$			
City La Crosse	Carto 120	State WI	Zip Code 54601		Amount of Each Disbursement this Perio			
Purpose of Disbu 2010 Primary Co				011	2500.00			
Candidate Name Ron Kind				Category/ Type				
Office Sought:	X House Di Senate President	sbursement For: X Primary Other (spe	2010 General					
01-1 14/1	District: 03		•					
State: WI								

	(FEC Form	y Use sepa	arate schedule(s)	FOR LINE (check onl	NUMBER: PAGE 206 / 211
TEMIZED DIS	BURSEMEN'	for each Detailed	category of the Summary Page	21b 27	22 X 23 24 25 2 28a 28b 28c 29 3
					for the purpose of soliciting contributions plicit contributions from such committee
NAME OF COMM Americas Healt	, ,	PAC (AHIP PAC)			
Full Name (Last, F Latham for Con					Transaction ID: 15781-67237490415 Date of Disbursement
Mailing Address	PO Box 71 PO Box 71				09
City Clarion		State IA	Zip Code 50525		Amount of Each Disbursement this Period
Purpose of Disbur 2010 Primary Con				011	1000.00
Candidate Name Tom Latham Office Sought:	x House	Disbursement For:	2010	Category/ Type	
-	Senate President	X Primary Other (spe	General		
State: IA Full Name (Last, F Linder for Cong	•				Transaction ID: 18900-4357416033
Mailing Address	PO Box 4026				12 14 2009
City Duluth		State GA	Zip Code 30096		Amount of Each Disbursement this Period
Purpose of Disbur 2010 Primary Con				011	1000.00
Candidate Name John Linder		T		Category/ Type	
Office Sought: State: GA	X House Senate President District: 07	Disbursement For: X Primary Other (spe	2010 General ecify) ▼		
Full Name (Last, F Making Busines	First, Middle Initial) ss Excel Political <i>A</i>	Ction Committee			Transaction ID: 18900-8422204852 Date of Disbursement
Mailing Address	PO Box 3241				12 14 2009
City Cheyenne		State WY	Zip Code 82003		Amount of Each Disbursement this Period
Purpose of Disbur 2009 Contribution	sement			011	2500.00
	ss Excel Political A		2022	Category/ Type	
Office Sought:	House Senate	Disbursement For: Primary V. Other (and	2009 General		
State:	President District:	X Other (spe	Jo., y		

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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	lè	22 X 23 24 28 28 28c	25 2 29 3
Any Information copied from such Reports and State or for commercial purposes, other than using the r NAME OF COMMITTEE (In Full)				
Americas Health Insurance Plans PAC	(AHIP PAC)			
Full Name (Last, First, Middle Initial) Matheson for Congress			Transaction ID: 92765-11 Date of Disbursement	
Mailing Address PO Box 521048 Suite A			09 M / 30 / Y 2	2 0 0 9 °
City Salt Lake City	State Zip Code UT 84152		Amount of Each Disbursemen	
Purpose of Disbursement 2010 Primary Contribution		011	15	500.00
Candidate Name Jim Matheson		Category/ Type	-	
Senate President	ursement For: 2010 X Primary Genera Other (specify) ▼	I		
State: UT District: 02 Full Name (Last, First, Middle Initial) Mike Crapo for Us Senate			Transaction ID: 92765-33	642214536
Mailing Address PO Box 1948			Date of Disbursement O 9	009
City Boise	State Zip Code ID 83701		Amount of Each Disbursemer	nt this Period
Purpose of Disbursement 2010 Primary Contribution		011	30	00.00
Candidate Name Michael D. Crapo		Category/ Type		
Office Sought: House Disb X Senate President State: ID District:	xrsement For: 2010 X Primary General Other (specify) ▼	l		
Full Name (Last, First, Middle Initial) People for Enterprise Trade and Econo PAC)	mic Growth (PETE		Transaction ID: 58591-96 Date of Disbursement	
Mailing Address 7804 Evening Lane			12 15 Y	009
City Alexandria	State Zip Code VA 22306		Amount of Each Disbursemen	
Purpose of Disbursement Original 3/31/09 Contribution Voided- 2009 Co	ntribution	011	-15	00.00
Candidate Name People for Enterprise Trade and Econo ETE PAC) Office Sought: House Disb	<u> </u>	Category/ Type	-	
Office Sought: House Disb Senate President State: District:	ursement For: Primary Genera Other (specify) ▼	I		
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		Use separate schedule(s)		OR LINE neck only		n.		_ F.	AGL	208 /	
11	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a		23 28b	24 28c		25 29	26
	y Information copied from such Reports and Stater for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	e and address of any politica										
V	Americas Health Insurance Plans PAC (A	HIP PAC)										
	Full Name (Last, First, Middle Initial) Price for Congress Mailing Address PO Box 425					Date of		burse	18900 ment 4		0 ŏ 9	
	City Roswell	State Zip Code GA 30077				Amou	nt of I	Each	Disburs	emen	t this P	eriod
	Purpose of Disbursement 2010 Primary Contribution Candidate Name		Ca		ory/	L.			•	100	00.00	^
	Thomas E. Price Office Sought: Senate President State: GA Disburs A Disburs Disburs Disburs Disburs Disburs Disburs Disburs	ement For: 2010 Primary General Other (specify)		Тур	e							
•	Full Name (Last, First, Middle Initial) Principles Exalt a Nation Political Action C Mailing Address PO Box 1131	Committee				Date of			D /		25775 0 0 9	
	City Anderson	State Zip Code IN 46015				Amou	nt of I	Each	Disburs		t this P	eriod
	Purpose of Disbursement 2009 Contribution Candidate Name Principles Exalt a Nation Political Action C	Committ-	Ca	01 ateg	ory/				•	100	00.00	-
	Senate	ement For: 2009 Primary General Other (specify)										
	Full Name (Last, First, Middle Initial) Prosperity Pac					Date	of Dis	burse		1-14	52447	7720
	Mailing Address 1006 Pendleton Street					0 ^M 9	M /	^D 3	0 /	Ý Ž	0 ŏ 9	Y
	City Alexandria	State Zip Code VA 22314				Amou	nt of I	Each	Disburs	emen	t this P	eriod
	Purpose of Disbursement 2009 Contribution			01	1	L.	_	•		25	00.00	
	Candidate Name Prosperity Pac			ateg Typ	ory/ e							
	Senate	ement For: 2009 Primary General Other (specify)	1									
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П	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		$\stackrel{\sim}{\Box}$ 2	21b	22 28a	X 23 28b	2	4 8c	25 29	26 30b
	y Information copied from such Reports and State or commercial purposes, other than using the nar										
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (A	HIP PAC)									
۸.	Full Name (Last, First, Middle Initial) Prosperity Pac					Date of	Disbur	sement			544780
	Mailing Address 1006 Pendleton Street					12	/ D	2 1 /	¥ 2	ž 0 ŏ 9	Y
	City Alexandria	State Zip Code VA 22314				Amoun	t of Eac	h Disbu			-
	Purpose of Disbursement 2009 Contribution Candidate Name		_	011			•	•	20	500.00	
	Prosperity Pac	ement For: 2009		ategor Type	y/						
	Senate President	Primary General Other (specify)	al								
 3.	State: District: Contri Full Name (Last, First, Middle Initial) Rely on Your Beliefs Fund	Dution					ction II		591-22	21490	74077
	Mailing Address 209 Pennsylvania Aven	ue, SE				1 ^M 2 M	/ D	15	Y	ž 0 ŏ 9	Y
	City Washington	State Zip Code DC 20003				Amoun	t of Eac	h Disbu			
	Purpose of Disbursement Original 03/31/2009 Contribution voided-2009 Co	ntribution	_	011		<u></u>	•		-25	500.00	
	Candidate Name Rely on Your Beliefs Fund		- 1	ategor Type	y/						
	Senate President	ement For: Primary General Other (specify)	al								
	State: District: Full Name (Last, First, Middle Initial) Rogers for Congress						ction II		'81-7C	01764	17827
	Mailing Address PO Box 581 Post Office Box 581					0 9	/ D	3 0 /	Y	2009	Y
	City Brighton	State Zip Code MI 48116				Amoun	t of Eac	h Disbu			
	Purpose of Disbursement 2010 Primary Contribution		_	011					15	500.00	
	Candidate Name Mike Rogers			ategor Type	y/						
	X	ement For: 2010 Primary General Other (specify)	al								
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Ш	EMIZED DISBURSEMENTS	Detailed Summary Page	21b 22 X 23 24 25 2 27 28a 28b 28c 29 3
	/ Information copied from such Reports and Stater or commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)		
	Americas Health Insurance Plans PAC (A	HIP PAC)	
	Full Name (Last, First, Middle Initial) Roskam for Congress Committee		Transaction ID: 15781-68763369321 Date of Disbursement
	Mailing Address PO Box 713		09 / 030 / 2009
	City Wheaton	State Zip Code IL 60187	Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 Primary Contribution	011	1000.00
	Candidate Name Peter J. Roskam	Catego Type	
	Senate X President	ement For: 2010 Primary General Other (specify)	
	State: IL District: 06 Full Name (Last, First, Middle Initial) Spratt for Congress Committee		Transaction ID: 58591-16738528013 Date of Disbursement
	Mailing Address PO Box 830		12 M / D 1 5 / Y 2 0 0 9 Y
	City York	State Zip Code SC 29745	Amount of Each Disbursement this Period
	Purpose of Disbursement Original 10/14/2008 contribution voided - 2008 Ge	eneral Contribution 011	-1000.00
	Candidate Name John M. Spratt, Jr.	Catego Type	
	Office Sought: X House Senate President State: SC District: 05	ement For: 2008 Primary X General Other (specify)	
	Full Name (Last, First, Middle Initial) Walden for Congress		Transaction ID: 18900-64313906431
	Mailing Address PO Box 1091		12
	City Hood River	State Zip Code OR 97031	Amount of Each Disbursement this Period
	Purpose of Disbursement 2010 Primary Contribution	011	1000.00
	Candidate Name Greg P. Walden	Catego Type	
	v A	ement For: 2010 Primary General Other (specify)	
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В.

President District:

Contribution

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only 21b	one)] 22	PAGE 211 / 211 24
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		any person fo	or the purpose of soliciting	ng contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AH	IP PAC)			
Full Name (Last, First, Middle Initial) Wally Herger for Congress Committee Mailing Address PO Box 1500			Transaction ID: 18 Date of Disbursemen	900-9956018328666 t 2009
,	State Zip Code CA 95927		Amount of Each Disb	
Purpose of Disbursement 2010 Primary Contribution Candidate Name Walter Herger, Jr.	C	011 Category/ Type		1000.00
Office Sought: X House Disburse	ment For: 2010 Primary General Other (specify)	Турс		
Full Name (Last, First, Middle Initial) Wyoming Values Pac			Date of Disbursemen	
Mailing Address 901 N Washington St Suite 102			12 14	2009
	State Zip Code VA 22314		Amount of Each Disb	
Purpose of Disbursement 2009 Contribution Candidate Name Wyoming Values Pac	C	011 Category/ Type		1000.00
Office Sought: House Disburse Senate President X	ment For: 2009 Primary General Other (specify)			

SUBTOTAL of Disbursements This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	•	54000.00

State: